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Resource Reallocation Methodology for the U.S. Army Center for Health Promotion and Preventive Medicine

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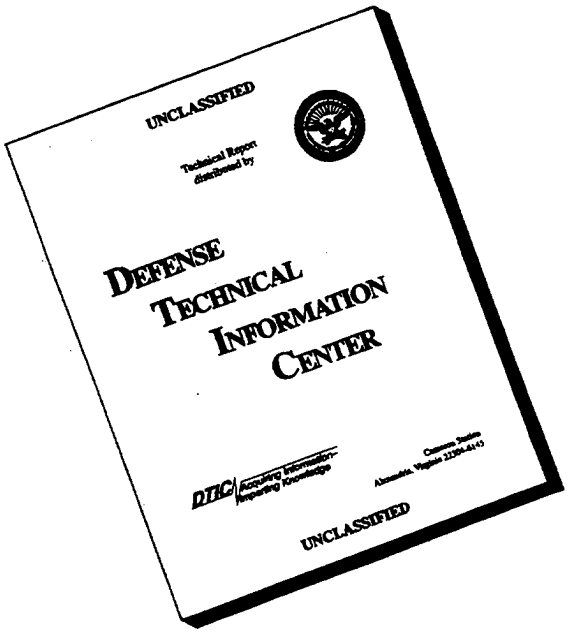

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January 1996

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Gary M. Bratt
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Resource Reallocation Methodology for the
U.S. Army Center for Health Promotion
and Preventive Medicine

Executive Summary

The U.S. Army Center for Health Promotion and Preventive Medicine has 49 programs providing more than 500 identifiable products and services. It needs to reallocate resources to support new responsibilities in three new mission areas. The organization is seeking reliable and objective methods for this reallocation, ones that will integrate strategy, mission focus, communication, and marketing, and allow it to look at itself as a whole rather than as many separate program entities.

The Logistics Management Institute has developed five tools to address resource reallocation:

- Criteria that support the organizational strategy and mission focus.
- A weighting procedure to determine which criteria are the most important.
- A procedure to rank and prioritize programs by applying the weighted criteria.
- A procedure to identify products and services for reallocation, taking into account the program ranking score and the results of the program manager's ranking of his program's products and services.
- A mathematical model to be used for resource allocation and reallocation.

We recommend the following actions:

- The U.S. Army Center for Health Promotion and Preventive Medicine should use the tools for resource allocation and reallocation.
- It should also revise and standardize the products and services to highlight core and special capabilities.

Using these tools and taking these actions will provide a basis for the organization to become the leader in health promotion and preventive medicine into the 21st century.

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CHAPTER 1

Introduction

BACKGROUND

The lineage of the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) can be traced back more than 50 years to the Army Industrial Hygiene Laboratory, established at the beginning of World War II. Its mission was to identify and eliminate health hazards at Army-operated industrial plants, arsenals, and depots.

Until recently, this organization was nationally and internationally known as the U.S. Army Environmental Hygiene Agency, or AEHA. Its mission had expanded to support the worldwide preventive medicine programs of the Army, DoD, and other federal agencies.

Today, it has been redesignated USACHPPM and given significant additional responsibility. Its mission is to provide worldwide operational support for integrating preventive medicine, public health, and health promotion and wellness services into all aspects of the Army. To accomplish these new missions, it has created three new directorates: Health Promotion and Wellness, Epidemiology and Disease Surveillance, and Field Preventive Medicine.

THE PROBLEM

The reorganization into USACHPPM came without the additional resources required to make the new mission areas fully functional. The leadership is faced with the task of reallocating existing resources to meet the new mission requirements. Its desire is to shift resources from lower-priority products and services to those with higher priority. To do so, USACHPPM needs a method to rank its products and services and identify specific ones to discontinue in favor of others.

THE STUDY OBJECTIVE

The objective of this study was twofold:

- To develop a process for ranking products and services that would enable the USACHPPM leadership to reallocate resources to higher-priority programs

- To evaluate the application of the process and identify possible sources of bias and inconsistency.

ORGANIZATIONAL PROFILE

Structure

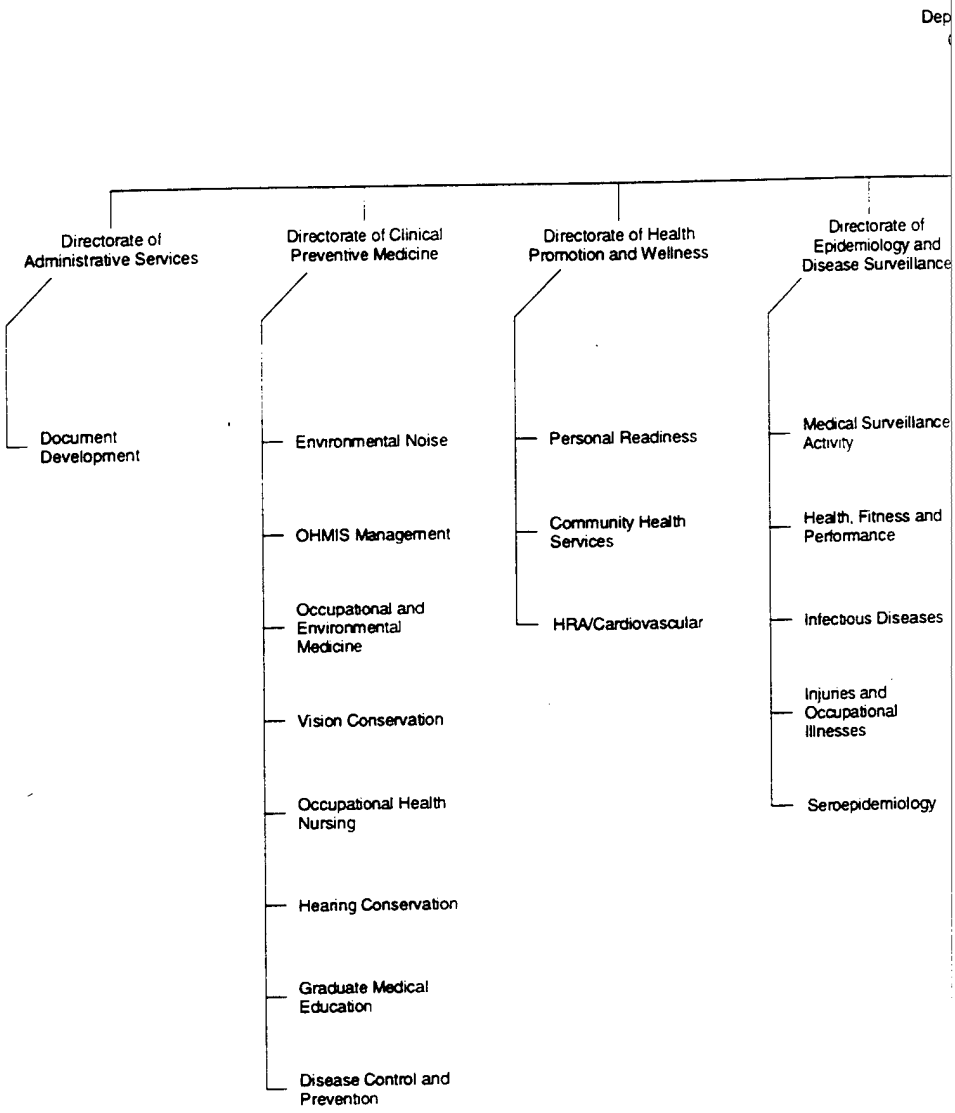
The organization is divided into seven mission technical directorates, and an administrative directorate currently controlled by the Chief of Staff. The mission directorates provide products and services to external customers, while functions under the Chief of Staff provide products and services primarily to internal customers. The major elements within these directorates are shown in Figure 1-1.

Budget

The total budget for USACHPPM has increased over the last five years due in part to increased Defense Health Program (DHP) and reimbursable funding. Reimbursable funding has increased 500 percent since FY90. Defense Health Program funding still has not kept pace with increasing mission requirements. Increased mission requirements to provide worldwide operational support for integrating preventive medicine, public health, and health promotion and wellness services have caused further strain. The initial budget for FY95 appears in Table 1-1.

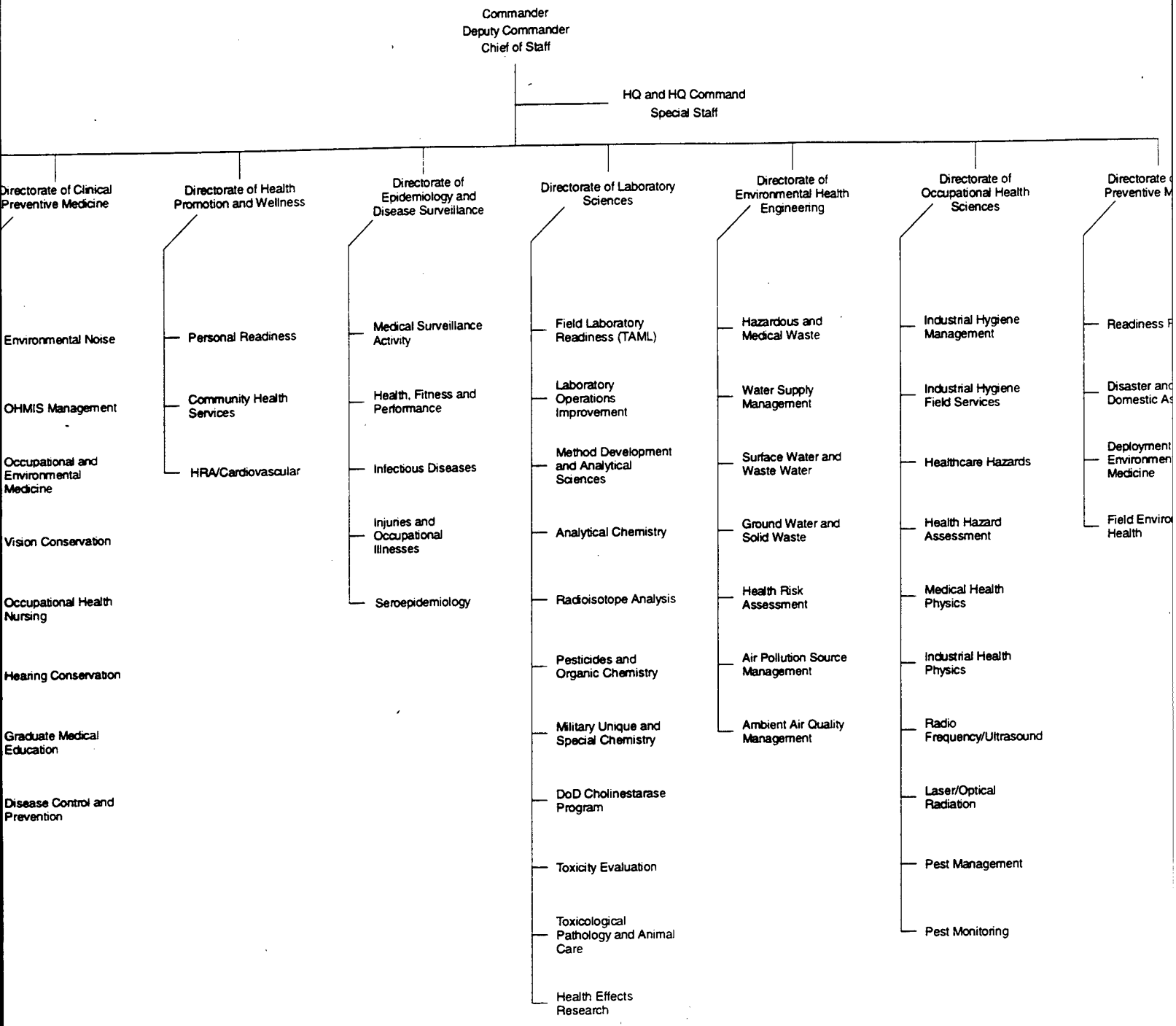
Table 1-1.
FY95 Initial DHP and Reimbursable Budget ($000)

Organization element	Defense health program	Reimbursable
Health Promotion and Wellness	210	
Epidemiology and Disease Surveillance	200	
Field Preventive Medicine	453	
Occupational Health Sciences	5,412	3,932
Environmental Health Engineering	3,609	8,962
Clinical Preventive Medicine	3,002	253
Laboratory Sciences	4,659	2,866
Administrative Services	3,595	
Direct Support Activity — North	635	
Direct Support Activity — South	800	
Direct Support Activity — West	1,046	
Other	1,295	
Total	24,916	16,013



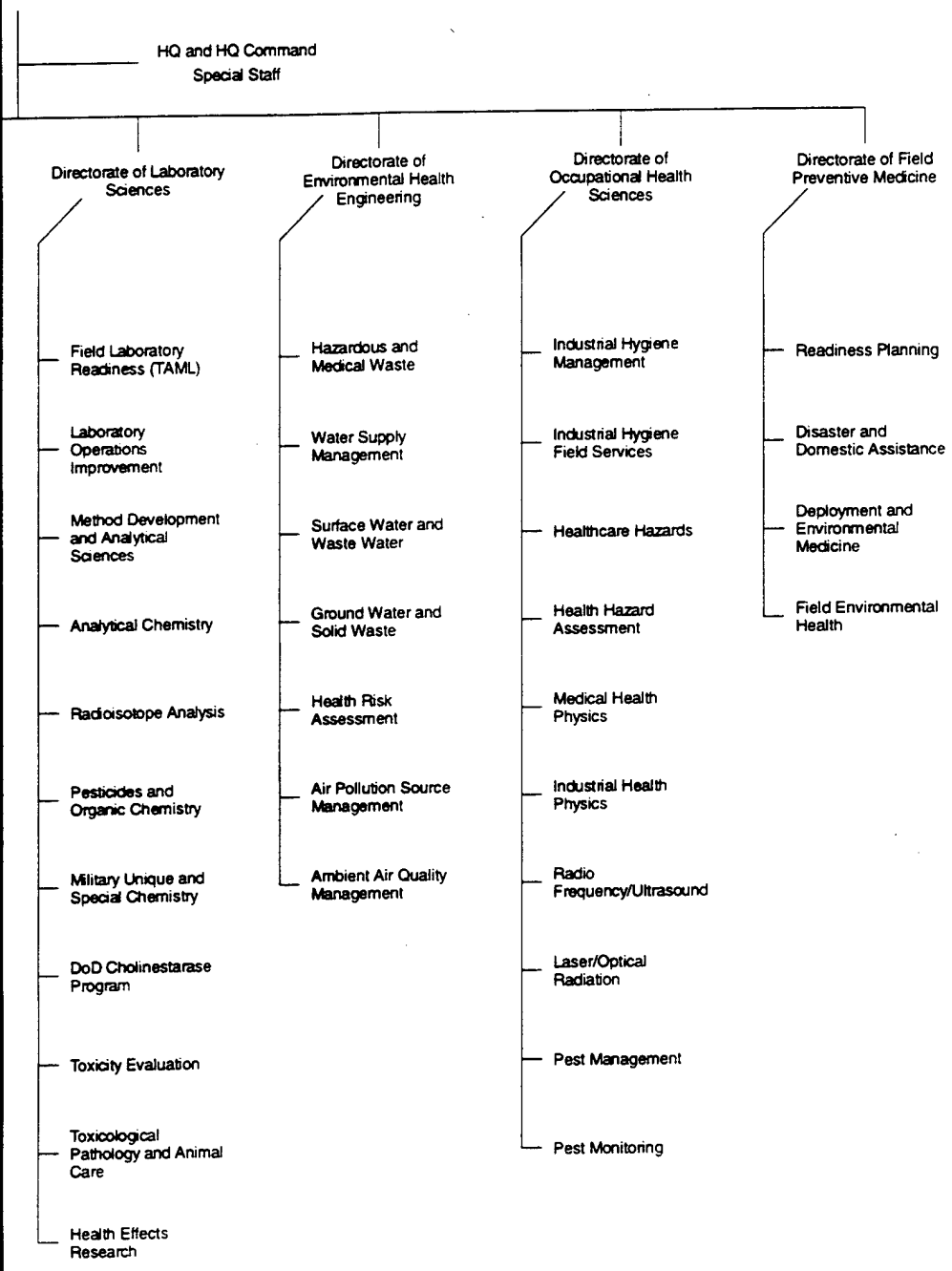
Note: HQ = Headquarters; OHMIS = Occupational Health Management Information System; HRA = Health Risk Assessment; TAML = Theater Are

Figure 1-1.
USACHPPM Organization



rmation System; HRA = Health Risk Assessment; TAML = Theater Area Medical Laboratory.

mander
Commander
of Staff



edical Laboratory.

3

Mission

The USACHPPM supports the worldwide health promotion and preventive medicine programs of the U.S. Army.

Its mission is threefold: It provides worldwide scientific expertise and services in the areas of clinical and field preventive medicine, environmental and occupational health, health promotion and wellness, epidemiology and disease surveillance, and related laboratory sciences; it provides regionally focused, split-based support to Commanders in Chief (CINCs), major Army commands, major subordinate commands, and medical treatment facilities through subordinate elements; and it provides policy development recommendations for program areas.

The organization executes this mission through the technical directorates and five satellite activities. It has three direct support activities within the continental United States and two activities overseas.

Programs

Each of 49 separate program areas is managed by a program manager, who is responsible for delivering products and services. The program managers usually work for a director, who supervises several program managers within a functional area. A listing of the program areas by directorate is presented in Appendix A.

Products and Services

The USACHPPM provides more than 500 products and services to both internal and external customers.

Internal products include briefings, management reports, publications, technical reports, document reviews, exhibits, and visual information. Internal services include financial management, information management, personnel and logistical management, security and safety programs, training and professional development, laboratory analyses, consultations, method development, and facilitation.

External products include technical reports, document reviews, health risk assessments, publications, automated occupational and environmental information management, public and community relations information, health hazard assessments, and professional technical papers. External services include laboratory analyses, consultations, field studies, training, policy review and development, analytical methods, environmental audits, occupational health evaluations, design reviews, and professional committee representations. A detailed listing of program products and services is presented in Appendix B.

STUDY FRAMEWORK

The rest of the report presents

- an overview of the process using the key strategies as a basis for establishing the resource allocation and reallocation methodology in Chapter 2,
- the selection of criteria for ranking products and services and how we established the relative weight of the criteria in Chapter 3,
- the ranking of programs using the weighted criteria in Chapter 4,
- the ranking of products and services using the weighted criteria in Chapter 5,
- the method for allocating and reallocating resources in Chapter 6, and
- the conclusions and recommendations made as a result of the study.

CHAPTER 2

Reallocation Process

OVERVIEW

Our goal was to develop a methodology to rank technical products and services that was reasonable, thorough, logical, and impartial. This would allow USACHPPM to decide on reallocating resources to higher-priority program products and services. The process is depicted in Figure 2-1. The steps in our study approach are listed in Appendix C.

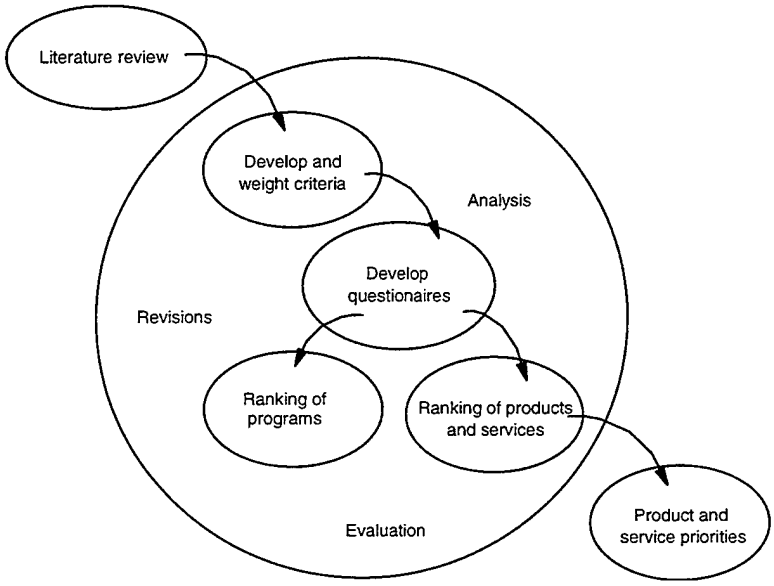


Figure 2-1.
Reallocation Process

KEY STRATEGIES AND MISSION FOCUS

The USACHPPM had established five key strategies and a short-term mission focus based on the strategy, to assist it in fully implementing its new missions in health promotion and preventive medicine. The five key strategies and the resultant mission focus are shown in Figure 2-2 and in more detail in Appendix D. The organization's strategic and historical documents and other DoD and Army documents reviewed during the study are listed in the bibliography.

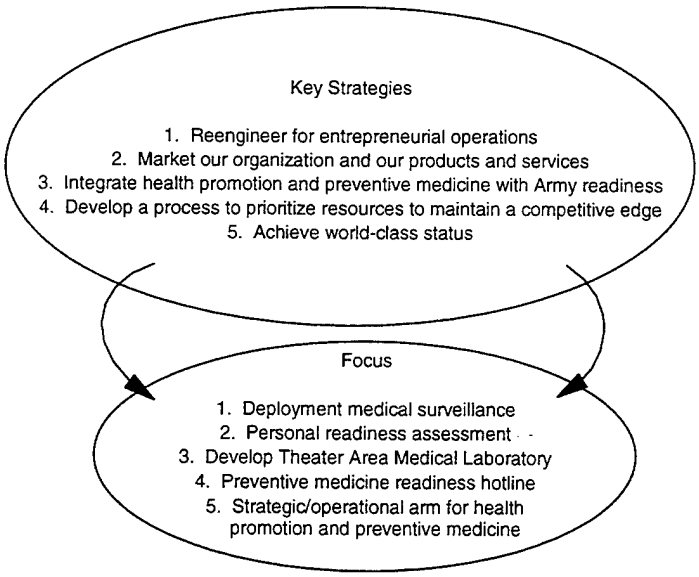


Figure 2-2.
USACHPPM Key Strategies and Mission Focus

Using the key strategies as the basis for establishing a resource allocation methodology, we determined the fundamental issues and in turn developed the criteria and measures based on these issues. The criteria were then weighted using pair-wise comparison. The weighted criteria were applied to all 49 programs within USACHPPM in order to determine their relative rank. The same criteria were then applied to all the products and services to determine their relative ranking within directorates. We then applied the reallocation method to determine the relative ranking of each product or service within USACHPPM as a whole. Both the Logistics Management Institute (LMI) and USACHPPM ranked the programs using their respective weighted criteria. We ranked the regrouped products and services using our weighted criteria. The USACHPPM will have their directors and program managers rank their original products and services using their weighted criteria sometime in the future.

We looked at several alternatives to determine the weighting of the criteria. These methods involved the use of software packages such as Best Choice, Expert Choice, and Logical Decisions. After testing the several methods, it was clear that the Best Choice method of pair-wise comparison was the best alternative and would provide the results required for this study. Our selection was based on ease of use, scientific validity based on the documentation, level of effort required to learn, level of effort required for data input, and presentation of results.

During this whole process, we used continuous review and evaluation to confirm that the results obtained made sense and were in line with the strategies and mission focus.

Knowing the number of man-years needed, the method can be used as a basic tool to determine the reallocation of resources from lower-priority program products and services to higher-priority ones.

The next chapter explains how we selected criteria for ranking products and services, and how we established the relative weight of the criteria.

CHAPTER 3

Criteria Measures and Weighting

We reviewed the USACHPPM strategic plan and historical planning documents to help us develop the criteria and the quantitative measurement system for ranking the products and services. The primary document was the *Mission Statement and Key Strategies* (strategic plan). We also used several concepts presented in the *Organizational Design Review* (prepared by a U.S. Army Medical Command task force) to develop our criteria. The criteria we developed, shown in Figure 3-1, capture the major concepts in these key documents.

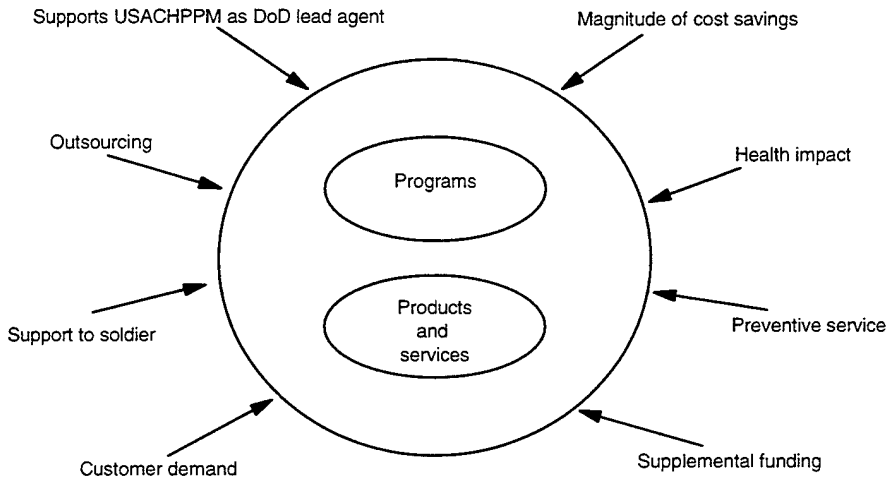


Figure 3-1.
Selected Criteria

DEFINING THE CRITERIA

The following definitions were developed to standardize the meaning of each criterion and minimize individual interpretation:

- *Health impact.* Promotes or maintains the health of individuals by mitigating health risk.
- *Support to soldier.* Supports CINCs and commanders in warfighting and other military operations.

- *Supports USACHPPM as a DoD lead agent.* Increases the visibility or influence of USACHPPM in health promotion and preventive medicine within DoD.

- *Magnitude of cost savings.* Saves dollars, avoids costs, or reduces compensation costs in an average year.

- *Outsourcing.* How critical the in-house performance of this product or service is to USACHPPM, and whether other organizations could or should perform the service or provide the product.

- *Customer demand.* The customers request the product or service.

- *Supplemental funding.* Has generated supplemental (or reimbursable) funding from external sources.

- *Preventive service.* Proaction to maintain or promote the health and wellness of personnel (the total Army family, including all active, reserve, and other beneficiaries).

Criteria Measures

We developed a measurement system for each criterion, to provide a frame work for assessing programs, products, and services against each criterion uniformly and quantifiably.

The criteria measures had a range of defined descriptive quantifiers, with a value assigned, which allowed individuals to evaluate each program, product, or service against each criterion. The measurement system provided a means to assign a quantitative score based on each individual criterion. The sum of the individual scores for each program, product, or service provided a means for ranking them against each other.

As an example, the measure for health impact is "How severe is the impact on the health of the population affected if this product or service is not performed?" Descriptive quantifiers for this measure with their assigned value are as follows:

- Permanent loss from work force [military mission disease and nonbattle injury (DNBI) resulting in evacuation; in the noncombat sector, injury or illness resulting in disability] equals a value of 5.

- Chronic disease resulting in long-term medical treatment and compensation costs equals a value of 4.

- Illness or injury resulting in lost work time equals a value of 3.

- Mild illness or injury resulting in reduced job performance equals a value of 2.

- Minimal health impact equals a value of 1.

Other measures developed for the remaining criteria included:

- How large is the population affected by the performance of this product or service in an average year?

- How does the performance of this product or service help, in a proactive way, to promote health or wellness, or prevent disease or nonbattle injury?

- How does the performance of this product or service support the CINCs and commanders?

- How well does the performance of this product or service support tri-Service or DoD health promotion and preventive medicine?

- Should this product or service be outsourced?

- How great is the demand for this product or service?

- How large are the savings achieved by performing this product or service?

- How much external supplemental funding is generated by this product or service?

Detailed descriptions of the criteria and measures are contained in Appendix E.

Criteria Weighting

The criteria are not equally important, so we established their relative importance by weighting them via computer-generated pair-wise comparisons (more detailed information is contained in Appendix F).

Pair-wise comparison determines what people believe to be the more important choice, and to what degree, between two individual criteria. We used this process to establish the criterion weights because it is a valuable tool for quantifying personal preferences. Since it increases the accuracy of comparison of items to be differentiated, it provides a method for reliably determining the relative levels of importance of criteria, as viewed subjectively.

Statistics should not be vigorously applied to this process since results are based on individual preferences and may vary based on which individuals are in the sample.

Options for Weighting the Selection Criteria

A group of people had to be chosen to weight the selection criteria. Several different groups of individuals were considered; each group is described along with the advantages and disadvantages of using each to weight the criteria.

Option 1

The first option would be to have the Command Group (Commander, Deputy Commander, and Chief of Staff) weight the criteria. The following would be advantages of this approach:

- It would reinforce and clarify the senior leadership's commitment to the strategy.
- It would enable senior leaders to focus products and services on strategic objectives.
- It would provide a clear message to staff on the organization's direction.

The disadvantages would be the following:

- The directors would not be involved.
- The program managers would not be involved.
- The Medical Command would have no input.
- The small decision group of only three people would lessen buy-in and ownership in the process.

Option 2

The second option would be to poll the full leadership (Commander, Deputy Commander, Chief of Staff, Executive Officer, Science Advisor, Directors, Direct Support Activity Commanders, Medical Command, and Office of the Surgeon General representatives).

The following would be advantages of this approach:

- It would reinforce and clarify the full leadership commitment to the strategy.
- It would enable leaders to focus products and services on strategic objectives.

- It would provide a clear message to program managers on the organization's direction.
- It would involve directors in establishing what is important.
- It would involve Medical Command input.
- The decision group would not be too large.

A disadvantage of this approach is that the program managers would not be involved.

OPTION 3

The third option would involve the full leadership plus selected program managers (Commander, Deputy Commander, Chief of Staff, Executive Officer, Science Advisor, Directors, Direct Support Activity Commanders, Medical Command, Office of the Surgeon General representatives, and two program managers from each directorate).

The advantages of this approach would be the following:

- It would involve program managers in establishing what is important.
- It would reinforce and clarify leadership and program manager commitment to the strategy.
- It would involve directors in establishing what is important.
- It would involve Medical Command input.
- The focus of products and services on the strategic objectives would be balanced.

However, this option would have the following disadvantages:

- The addition of program managers may dilute or offset the leadership's goals and objectives.
- It may not enable the organization to focus its products and services on the strategic objectives.

OPTION 4

The fourth option would be to have the program managers weight the selection criteria.

An advantage of this approach is that program managers would be charting their own destiny.

The following would be disadvantages of this approach:

- It would not reinforce and clarify leadership's commitment to the strategy.
- It may not enable the organization to focus its products and services on the strategic objectives.
- It would offer no clear message from senior leaders to the staff on the organization's direction.
- The USACHPPM Command Group would not be involved.
- The directors would not be involved.
- The Medical Command would have no input.

Preferred Option

Based on the options considered, Option 2, using the full leadership, is the best for weighting the criteria. It allows the leadership to establish the priorities of the organization based on its strategy. It clearly sends a message to the organization on where program managers are to focus and what they are to execute.

Testing the Weighting Process

We performed a pilot test to determine whether the process would work as conceived or whether modifications would be needed. The pilot test also validated the utility of the instruction sheet. We analyzed the results to establish that they made sense and aligned with the organizational strategy and mission focus. The results of our weighting of the criteria during the pilot test are in Table 3-1.

The results obtained in the pilot test aligned with the USACHPPM organizational strategy and mission focus.

Criteria Weighting by Leadership

Based on the results of the pilot test, the USACHPPM leadership weighted the criteria using the instruction sheet (Appendix F). The results are shown in Table 3-2.

Table 3-1.
Criteria Weighting — Pilot Test

Criterion	Score[a]
Health impact	100.0
Support to soldier	86.0
Magnitude of cost savings	52.0
Preventive service	48.0
Supports USACHPPM as DoD lead agent	26.0
Customer demand	21.0
Supplemental funding	21.0
Outsourcing	10.5

[a] Maximum = 100 percent.

Table 3-2.
Criteria Weighting — USACHPPM

Criterion	Score[a]
Support to soldier	100.0
Health impact	88.1
Preventive service	56.0
Customer demand	36.0
Supports USACHPPM as DoD lead agent	35.3
Magnitude of cost savings	27.0
Supplemental funding	15.0
Outsourcing	12.6

[a] Maximum = 100 percent.

The USACHPPM criteria weighting results made sense and aligned with the organizational strategy and mission focus. The next step, described in Chapter 4, was to rank programs using the weighted criteria.

CHAPTER 4

Ranking Programs

With the criteria and their relative weights established, the next step in the resource reallocation process was to rank the 49 programs.

OPTIONS FOR RANKING PROGRAMS

We considered the same groups for weighting the criteria as for ranking the programs. The advantages and disadvantages of using each group are the same as those enumerated in Chapter 3.

As during the selection of a group for weighting the criteria, based on the options considered and the concerns addressed in Chapter 3, the second option, involving the leadership, was the best one for ranking the programs. It allows the leaders to establish the overall program priorities of the organization based on their strategy, and it clearly sends a message to the organization on where program managers are to focus and what they are to execute.

APPLYING THE WEIGHTED CRITERIA

Not all of the programs are of equal importance, so the eight weighted criteria were applied to the programs to establish their relative importance (rank).

Each program is rated against each criterion individually. Adding the weighted criterion scores results in a ranking value for the program. For example, for Program 16, Pesticide Management, the ranking value would be the sum

(criterion 1 measure numerical value × criterion 1 weighted value) +
(criterion 2 measure numerical value × criterion 2 weighted value) + ...
(criterion n measure numerical value × criterion n weighted value).

This computation is repeated for all the other programs. When all 49 programs have been rated, the ranking scores in descending order establish a program priority list (the higher the number, the higher the program's priority for receiving resources).

Instructions and a sample questionnaire for ranking the programs are in Appendix G. They were used in conjunction with a matrix spreadsheet listing the programs down the side and the criteria measure questions across the top.

Pilot Testing the Process

As with the weighting of the criteria, we performed a pilot test to determine whether the ranking process would work as conceived or whether modifications would be needed. The test also validated the utility of the instruction sheet. We analyzed the results to establish that they made sense and aligned with the organizational strategy and mission focus. We ranked each of the 49 programs using the eight weighted criteria. An extract of the pilot test results is in Table 4-1. The maximum weighted ranking value that can be achieved is 15.5.

Table 4-1.
Top and Bottom Priority Programs — Pilot Test

Program number	Program name	Weighted ranking[a]
35	Readiness Planning	14.0
21	Personal Readiness	13.7
30	Army Medical Surveillance Activity	12.9
40	Deployment and Environmental Medicine	12.3
41	Health Promotion Program Evaluation and Assessment	12.0
69	Health Hazard Assessment	11.5
77	Analytical Chemistry	6.9
80	Pesticides and Organic Chemistry	6.8
17	Pesticide Monitoring	6.8
79	Radioisotope Analysis	6.5
72	Laboratory Operations Improvement	6.1
82	Military-Unique and Special Chemistry	5.8

[a]Maximum = 15.5.

To evaluate the impact of the lower-weighted criteria on the ranking of the programs, we eliminated all scores associated with the four lowest criteria. The results indicated that the four lowest criteria were not a major factor in the program ranking. The top programs remained at the top, and the bottom programs remained at the bottom. The few discrepancies noted in the center of the program ranking were due to the fact that all the low criteria received high numerical measure values.

The results obtained in the pilot test aligned with the USACHPPM strategy and the mission focus. The complete results of our ranking of all 49 programs are provided in Appendix H.

Note: Budget allocations could be made based on the rank order of the programs. A simple method would be to allocate funds to a program based on the following share:

program score ÷ sum of all program scores
× total staffing of numbered programs.

This would also involve other considerations further discussed in Chapter 6.

Program Ranking

The USACHPPM leadership ranked the programs using the instruction sheet (Appendix G). An extract of the results is presented in Table 4-2. The maximum weighted value that can be achieved is 17.1.

Table 4-2.
Top and Bottom Priority Programs — USACHPPM Leadership Ranking

Program number	Program name	Weighted ranking[a]
51	Hearing Conservation	14.6
26	Infectious Diseases	14.3
69	Health Hazard Assessment	14.2
30	Medical Surveillance Activity	14.1
21	Personal Readiness	13.8
40	Deployment and Environmental Medicine	13.8
80	Pesticides and Organic Chemistry	8.8
77	Analytical Chemistry	8.3
66	Document Development	8.0
82	Military-Unique and Special Chemistry	7.9
73	Method Development and Analytical Sciences	7.5
72	Laboratory Operations Improvement	7.2

[a] Maximum = 17.1.

The results of the program ranking by the leadership made sense and aligned with the organizational strategy and mission focus. The complete results of the leadership ranking of all 49 programs is provided in Appendix I.

We also evaluated the program ranking results to determine the impact of the lower-weighted criteria on the ranking of the programs. We eliminated the scores associated with the four lowest criteria, and repeated the procedure with the six lowest criteria. These results again indicated that the lower criteria were not a major factor in the program ranking. The top programs remained at the

top, and the bottom programs remained at the bottom. The few discrepancies noted in the center of the program rankings were due to the fact that all the low criteria had high numerical measure values.

The next step, explained in Chapter 5, will be to rank USACHPPM products and services using the weighted criteria.

CHAPTER 5

Ranking Products and Services

The USACHPPM leadership (Commander, Deputy Commander, Chief of Staff, Executive Officer, Science Advisor, Directors, Direct Support Activity Commanders, Medical Command, and Office of the Surgeon General representatives) initially wanted to rank products and services. However, ranking the more than 500 individual products and services (Appendix B) against the eight weighted criteria would be a monumental task and would be difficult for any one individual to understand, let alone accomplish. The following were our major concerns:

- It would take at least eight hours for each person in the USACHPPM leadership to rank the products and services (4,000 decisions).
- The USACHPPM leadership does not want to invest this much time in a single activity.
- Due to the diversity of the products and services, the leadership does not have the detailed knowledge required to objectively rank them.
- Clear definitions of the products and services are not readily available.

We addressed these concerns with the leaders, and they agreed that it was not practical for them to rank the products and services. However, because they had ranked the organization's programs, they had already established the direction and focus for the program managers, the operators within the organization.

Since the program managers know the most about their products and services, it makes good sense that they should rank them, in concert with their director. This allows the program managers to identify specific products and services that they should focus on and support first, within the program priorities of the organization, based on the organizational strategy. The oversight of their director would ensure that gaming would not occur and that no program would go unfunded. The approach was approved by the USACHPPM leadership.

Figure 5-1 depicts what the leadership and program managers believed to be the best overall approach. Everyone is involved in executing the strategy.

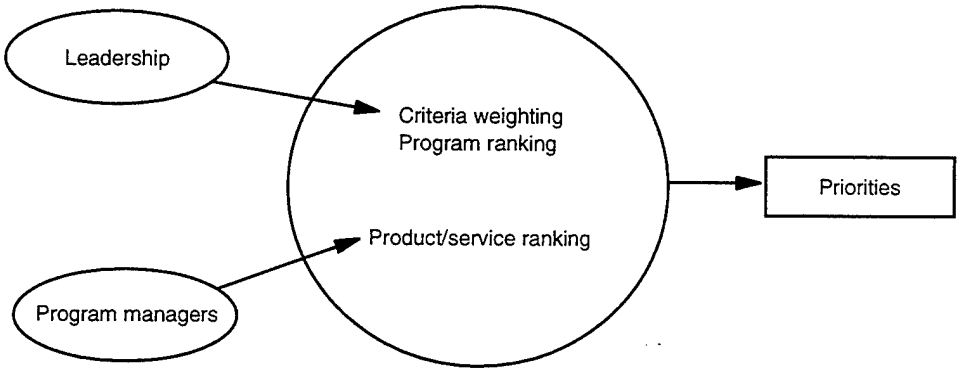


Figure 5-1.
Developing the Priorities

REGROUPING PRODUCTS AND SERVICES

The analytical burden of ranking USACHPPM products and services is magnified by their number and diversity, so we sought to simplify the task by consolidating some of them. We regrouped and renamed the products and services from 17 programs so that we could operate from a more consistent and manageable plan during the pilot testing. We grouped products and services into core categories, where possible, and left unique products and services alone. Most program areas have products that fit into the following core categories:

- Field study
- Desktop consultation
- Training classes/material
- Document development and review
- Army program data management
- Information sharing.

We believe that this regrouped list captures the majority of products and services and is certainly more easily understood than the longer one. Appendix J contains a listing of our suggested grouping of products and services for each of the 17 programs discussed. Should the USACHPPM decide to group their

products and services, the listing in Appendix J would serve as a good starting point.

We ranked the grouped products and services for the 17 program areas discussed as part of our pilot testing.

Applying the Weighted Criteria

Not all of the products and services within individual programs are of equal importance, so we applied the eight weighted criteria to each program product and service to establish its relative importance (rank).

Each product and service is rated on each criterion. The sum of the weighted scores for the item is its ranking score. For example, for Program 16, Pesticide Management, Desk-top Consultation, the ranking value would be the sum

(criterion 1 measure numerical value × criterion 1 weighted value) +
(criterion 2 measure numerical value × criterion 2 weighted value) + ...
(criterion n measure numerical value × criterion n weighted value).

The result is a ranking score for Program 16. This is repeated for all the other Program 16 products and services and all the other programs' products and services. When all of an individual program's products and services have been rated, the ranking scores in descending order establish a priority list within each of the programs.

Instructions and a questionnaire for ranking the program products and services are in Appendix K. They are used in conjunction with a matrix spreadsheet listing the program product and services down the side and the criteria measure questions across the top.

Testing the Ranking Process

Pilot Test

We performed a pilot test (as in the weighting of the programs) to determine whether the process would work as conceived or whether modifications would be needed. It also validated the utility of the instruction sheet.

We analyzed the results of our rankings to establish that they made sense and aligned with the organizational strategy and mission focus. We ranked revised products and services from 17 of the 49 programs, as discussed earlier.

An extract of our results is presented in Table 5-1. The complete list of our ranking results is presented in Appendix L.

Table 5-1.
Top and Bottom Products and Services — Pilot Test

Program number	Program name	Revised product and service	Weighted ranking[a]
21	Personal Readiness	Deployment Field Services	12.2
35	Readiness Planning	Information Analysis/ Evaluation	12.0
31	Water Supply Management	Field Water Supply Survey	12.0
46	Health Risk Appraisal/Cardio-vascular Screening	Field Study	11.9
21	Personal Readiness	Field Study	11.8
51	Hearing Conservation	Field Study	11.8
82	Military-Unique and Special Chemistry	Sample Analysis	5.2
82	Military-Unique and Special Chemistry	Document Development/Review	5.2
16	Pest Management	Desk-top Consultation	5.1
82	Military-Unique and Special Chemistry	Desk-top Consultation	5.0
77	Analytical Chemistry	Desk-top Consultation	4.9
16	Pest Management	Pesticide Treated Papers	4.7

[a] Maximum = 15.5.

The results obtained in the pilot test aligned with the USACHPPM strategy and mission focus.

Note: Budget allocations could be made based on the rank order of the programs. A simple method would be to allocate funds to a program based on the following share:

(sum of individual program product and service scores
× individual program score) ÷ (sum of all individual program product and service scores
× all program scores)
× total staffing for numbered programs.

This would also involve other important considerations as discussed in Chapter 6.

Product and Service Ranking

The program managers and their directors will rank their respective products and services sometime in the near future. Doing so will establish the priorities that leadership will use to reallocate resources. The next chapter describes the method for allocating and reallocating resources.

CHAPTER 6

Resource Allocation

Making final decisions on how to reallocate resources is potentially the most difficult step in the process. Great care must be exercised to keep this process logical, unbiased, and aligned with the USACHPPM strategy and mission focus. The criteria, their weighting, the ranking of the programs, and the ranking of the individual products and services must all be integrated into this reallocation process. The reallocation process must not become just another "salami slice" approach, where each program and its products and services are cut equally, regardless of their importance.

Factors that need to be considered are the desired end state (or organizational structure), trends, limitations of each number, selecting the best number for the end state, establishing a plan to narrow the gap, establishing decision rules, and developing program metrics' and then reexamining priorities periodically in the future.

The process is both dynamic and iterative, and both leadership as well as program managers can use it on a continuous basis for management. As the mission focus changes, the process can be reapplied, thereby allowing the organization to shift resources to the highest-priority products and services.

INITIAL REALLOCATION PROCESS

The initial reallocation method allows USACHPPM to determine where it can make cuts in programs. It is an objective methodology that allows the ranking of products and services to cross programs as equitably as possible. Other factors may play a part in determining which programs take cuts, but this tool can help the leadership make decisions.

Man-years are reallocated from the lowest-ranked products and services in the lowest-ranked programs, based on either of these values:

(ordinal rank of program or service × program score) or (percentage of total program effort for the program or service × program score).

For example, Programs 17, 72, and 80 may have five products or services each. After the program managers have ranked their products and services, they assign each product and service a percentage of total program effort. The program manager may assign the lowest-ranked product and service (P/S #5) a 10 percent level of effort (0.1 for formula use); the next higher ranked product and service (P/S #4) may also be assigned a 10 percent level of effort; the next

higher ranked product and service (P/S #3) may be assigned a 20 percent level of effort, (0.2 for formula use); and so forth.

Next, program managers calculate a weighted value for all of their products and services by multiplying the product or service's percentage of total program effort times the program ranking score. These numbers are used to determine what ranking number is assigned to a product and service. When these values are consolidated into a single list, a prioritization for cuts is made (the lower the ranking number for a product or service, the more vulnerable it is to resource cuts). The lowest-weighted value is assigned the ranking number of 1, the next higher is ranked number 2, and so forth. Table 6-1 shows hypothetical results for Programs 17, 72, and 80.

Table 6-1.
Example — Hypothetical Ranking for Cuts

Prioritized program	Prioritized product or service	Program score	Level of effort for product or service (% ÷ 100%)	Weighted value for product or service (program score × effort level)	Ranking for cuts
17	P/S #3	9.9	0.2	2.0	9
17	P/S #4	9.9	0.1	1.0	7
17	P/S #5	9.9	0.1	1.0	6
80	P/S #3	8.8	0.1	0.9	5
80	P/S #4	8.8	0.1	0.9	4
80	P/S #5	8.8	0.1	0.9	3
72	P/S #3	7.2	0.2	1.4	8
72	P/S #4	7.2	0.1	0.7	2
72	P/S #5	7.2	0.1	0.7	1

Steps in the Process

The steps involved once the program ranking has been established are the following:

- Program managers will rank the products and services within their programs using the weighted criteria.
- Program managers will provide associated man-years with each product and service.
- Program managers will apply either an ordinal ranking obtained for each product and service, or the percentage of total program effort to be applied to each product and service within each program. (This allows objective ranking of products and services across programs.)

- Products and services will then have a weighted ranking based on the program manager's ranking priority (ordinal ranking or percentage of total program effort) coupled with their program ranking score.
- Program managers will establish minimum man-years required for their program to be viable.
- Directors will exercise oversight to ensure that results pass the test of common sense and that no gaming occurs.
- Leadership bases man-year reallocation on the desired end state using strategy, mission focus, and other guidance documents.
- Man-years are reallocated to priority programs.
- Leadership monitors the progress (for example, with a midyear review).

This process eliminates indiscriminate reallocation and applies weighting that is derived from the organizational strategy.

Options for Initial Reallocation

Three options could be used for initial resource reallocation. These options consider the program rank and the product or service rank. The methods for selecting products and services to cut are listed in the following subsections.

Option 1

In the first option, priority depends on the quantity (program score × product or service score).

The following are advantages of this option:

- It crosses all programs.
- It is the best choice if leadership is considering total elimination of some products or services.
- It avoids indiscriminate cuts.

Disadvantages of this approach include the following:

- It does not allow the program manager flexibility.
- It does not fit with organizational strategy.
- It does not provide an answer by itself.

- The program manager's input is essentially negated because of program ranking.
- Someone would have to rank all the product and services.

OPTION 2

In the second option, priority depends on the quantity (product or service's percentage of program effort ×program score).

Advantages of this method include the following:

- It crosses all programs.
- It avoids indiscriminate cuts.
- Program managers rank their own products and services.
- It allows the program manager some flexibility.
- It fits with the organizational strategy when considered with the other factors previously discussed.

A disadvantage of this option is that it does not provide an answer by itself.

OPTION 3

The third option reallocates according to the quantity (ordinal rank for product or service program score).

The following are advantages of this option:

- It crosses all programs.
- It avoids indiscriminate cuts.
- The product managers rank their own products and services.
- It fits with the organizational strategy when considered with the other factors previously discussed.

Disadvantages include the following:

- Ordinal ranking implies that a product or service is more important than another by the value applied (i.e., a product with an ordinal rank of 5 when compared with a product with an ordinal rank of 1 is not necessarily 5 times more important than the lower-ranked product).
- It does not provide an answer by itself.

Preferred Option

Based on the options discussed above, it is clear that Option 2, basing cuts on the quantity (product or service's percentage of program effort × program score) is the best one for determining initial reallocations.

Essential considerations are provided by the program managers, including the man-years each product and service requires and the minimum man-years required for their programs to be viable. Other important factors that need to be considered are mentioned at the beginning of this chapter.

Pilot Testing the Initial Reallocation Process

The process was tested using the same revised products and services we used to pilot test ranking the products and services. An extract of the results is in Table 6-2 (the higher the rank order for a product or service, the greater its priority for receiving resources). More detailed information is in Appendix M.

The results obtained in the pilot test aligned with the USACHPPM organizational strategy and mission focus in a general manner. While our preferences probably differ from those of the program managers, the results provide a basis for initial reallocation when used in conjunction with the other factors and considerations discussed previously. Careful attention needs to occur so that lower-ranking programs maintain their viability.

Continuing Resource Allocation and Reallocation

As stated before, the allocation and reallocation process is both dynamic and iterative, and both leadership as well as program managers can use it on a continuous basis for management. As the mission focus changes, the process can be reapplied, thereby allowing the organization to shift resources to the highest priority products and services.

Table 6-2.
Rank Order for Reallocation of Resources — Pilot Test

Program number	Program name	Revised product and service	Rank order for reallocation of resources
35	Readiness Planning	Information Analysis/ Evaluation	78
27	Hearing Conservation	HEARS	76
51	Industrial Health Physics	Field Study	77
72	Laboratory Operations Improvement	Cholinesterase Program	75
41	Health Promotion Program Evaluation and Assessment	Field Study	74
53	OHMIS	Army Program Database Management	73
37	Hazardous and Medical Waste Management	Desk-top Consultation	6
16	Pest Management	Document Production/ Review	5
16	Pest Management	Desktop Consultation	4
59	Industrial Hygiene Mgmt.	Field Study	3
59	Industrial Hygiene Management	Document Development/ Review	2
29	Injuries and Occupational Illnesses	Field Study	1

Suggested Methods for Resource Allocation

The leadership and program managers could use several methods for resource allocation on a continual basis. The two methods we suggest are based on the program scores and product and service scores.

Program Score Method

Budget allocations could be based on the program score. This method would allocate funds to a program based on the quantity.

(program score ÷ sum of all program scores)
× total staffing for numbered programs.

PROGRAM SCORE AND PRODUCT AND SERVICE SCORE METHOD

Budget allocations could be based on the program score and the product and service score. This method would allocate funds to a program based on the quantity.

(sum of the individual program product and service scores
× individual program score) ÷ (sum of all individual program product and service scores × all program scores)
× total staffing for numbered programs.

Other Factors to Consider

The methods presented provide a management tool for decision-makers at both the leadership and program manager level.

However, as mentioned previously, these methods cannot be used by themselves. Decision-makers must also consider other factors, which include organizational strategy and mission focus, resource constraints (both fiscal and manpower), minimum viable program requirements, current and future tables of distribution and allowance (TDAs), current trends, desired end state, limitations of each number, the best number for the end state, viable program numbers, a plan to manage required shifts in resources, decision rules, program metrics, and reexamining the process periodically through review and analyses.

Table 6-3 provides a basic format for recording some of the quantifiable program requirement information that can be reviewed and analyzed to assist with decision-making.

Table 6-3.
USACHPPM Program Requirement Data — Sample Format

Prioritized program	Current DHP $	Current reimbursable $	Current staffing	Minimum viable staffing	Required DHP $	Existing TDA	Future TDA

The biggest advantage in using a standardized methodology such as those presented here is that they involve both the strategic (leadership) and operational (program manager) elements. Both elements are using common guidelines, and this should avert miscommunication when they discuss the nature of the organization's business, its focus, and its products and services. This discussion is the beginning of, and provides a foundation for, the integration of strategy, focus, communication, and marketing. It will allow the organization to look at itself as a whole, rather than as many separate program entities, and provide a basis for leadership in health promotion and preventive medicine into the 21st century.

CHAPTER 7

Conclusions and Recommendations

The USACHPPM asked us to develop a process for ranking products and services that would enable it to reallocate resources to higher-priority programs, and to evaluate the application of the process, identifying possible sources of bias and inconsistency.

We developed a process to have the leadership rank USACHPPM programs and to have the program managers, in concert with their directors, rank products and services. The methods developed align with the organization strategy and mission focus. The following five tools address resource reallocation:

- Criteria that support the organizational strategy and mission focus
- A weighting procedure to determine which criteria are the most important
- A procedure to rank and prioritize programs by applying the weighted criteria
- A procedure to identify products and services for reallocation, using a method that takes into account both the leadership's program ranking score and the program manager's priorities for his program's products and services
- A mathematical model to be used for resource allocation and reallocation.

These methods must be used in conjunction with consideration of other important factors.

We identified several areas of concern that USACHPPM needs to address:

- There are too many products and services and a lack of standardized definitions.
- It has no standardized methodology to allocate resources.

We recommend the following actions:

- Use the tools we have developed for resource allocation and reallocation.
- Revise and standardize the products and services to highlight core and special capabilities.

The methods developed will allow the organization to be the leader in health promotion and preventive medicine into the 21st century.

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APPENDIX A

Numbered Programs

Table A-1 lists the numbered programs and their directorates in the U.S. Army Center for Health Promotion and Preventive Medicine.

Numbered Programs

Table A-1.
Numbered Programs and their Directorate

Program number	Program name	Directorate
11	Graduate Medical Education (Residency)	DCPM
16	Pest Management	DOHS
17	Pesticide Monitoring	DOHS
21	Personal Readiness	DHPW
22	Community Health Services	DHPW
24	Radio Frequency/Ultrasound	DOHS
25	Laser/Optical Radiation	DOHS
26	Infectious Diseases	DEDS
27	Industrial Health Physics	DOHS
28	Medical Health Physics	DOHS
29	Injuries and Occupational Illnesses	DEDS
30	Medical Surveillance Activity	DEDS
31	Water Supply Management	DEHE
32	Surface Water and Wastewater	DEHE
33	Seroepidemiology	DEDS
34	Disease Control and Prevention	DCPM
35	Readiness Planning	DFPM
36	Disaster and Domestic Assistance	DFPM
37	Hazardous and Medical Waste Management	DEHE
38	Ground Water and Solid Waste	DEHE
39	Health Risk Assessment and Risk Communication	DEHE
40	Deployment and Environmental Medicine	DFPM
41	Health, Fitness, and Performance	DEDS
42	Air Pollution Source Management	DEHE
43	Ambient Air Quality Management	DEHE
46	Health Risk Appraisal and Cardiovascular Screening	DHPW

"Note:" Chief of Staff (CofS), Directorate of Clinical Preventive Medicine (DCPM), Directorate of Occupational Health Sciences (DOHS), Directorate of Health Promotion and Wellness (DHPW), Directorate of Epidemiology and Disease Surveillance (DEDS), Directorate of Environmental Health Engineering (DEHE), Directorate of Field Preventive Medicine (DFPM), Directorate of Laboratory Sciences (DLS), Occupational Health Management Information System (OHMIS), and Theater Area Medical Laboratory.

Table A-1.
Numbered Programs and their Directorate (Continued)

Program number	Program name	Directorate
51	Hearing Conservation	DCPM
52	Environmental Noise	DCPM
53	OHMIS Management	DOHS
55	Industrial Hygiene Field Services	DOHS
56	Healthcare Hazards	DOHS
57	Field Environmental Health	DFPM
59	Industrial Hygiene Management	DOHS
63	Vision Conservation	DCPM
64	Occupational and Environmental Medicine	DCPM
65	Occupational Health Nursing	DCPM
66	Document Development	CofS
69	Health Hazard Assessment	DOHS
71	Field Laboratory Improvement	DLS
72	Laboratory Operations Improvement	DLS
73	Method Development and Analytical Sciences	DLS
77	Analytical Chemistry	DLS
79	Radioisotope Analysis	DLS
80	Pesticides and Organic Chemistry	DLS
82	Military Unique and Special Chemistry	DLS
84	DoD Cholinesterase Program	DLS
85	Toxicity Evaluation	DLS
86	Toxicological Pathology / Animal Care	DLS
87	Health Effects Research	DLS

"Note:" Chief of Staff (CofS), Directorate of Clinical Preventive Medicine (DCPM), Directorate of Occupational Health Sciences (DOHS), Directorate of Health Promotion and Wellness (DHPW), Directorate of Epidemiology and Disease Surveillance (DEDS), Directorate of Environmental Health Engineering (DEHE), Directorate of Field Preventive Medicine (DFPM), Directorate of Laboratory Sciences (DLS), Occupational Health Management Information System (OHMIS), and Theater Area Medical Laboratory.

APPENDIX B

Products and Services

This appendix lists all products and services in the U.S. Army Center for Health Promotion and Preventive Medicine numbered programs.

Program Number	Program Name	PRODUCTS/SERVICES
11	GRADUATE MEDICAL EDUCATION (RESIDENCY)	OM PHYSICIANS
16	PEST MANAGEMENT	PESTICIDE TREATED PAPERS
16	PEST MANAGEMENT	DOCUMENTS
16	PEST MANAGEMENT	INPUT TO ECAS
16	PEST MANAGEMENT	EDUCATION MATERIALS
16	PEST MANAGEMENT	EQUIPMENT CALIBRATION
16	PEST MANAGEMENT	PROGRAM DATA REPOSITORY
16	PEST MANAGEMENT	PESTICIDE RESISTANCE EVALUATION
16	PEST MANAGEMENT	INTEGRATED CONSULTATION
16	PEST MANAGEMENT	PROGRAM REVIEW
16	PEST MANAGEMENT	QUICK RESPONSE STUDY
16	PEST MANAGEMENT	REVIEW DOCUMENTS
16	PEST MANAGEMENT	SPECIAL STUDIES
16	PEST MANAGEMENT	TICK ANALYSIS
16	PEST MANAGEMENT	VECTOR-BORNE DISEASE RISK ASSESSMENT
16	PEST MANAGEMENT	ON-SITE TRAINING OF PEST MANAGEMENT PROGRAMS
16	PEST MANAGEMENT	COCKROACH RESISTANCE TESTS
16	PEST MANAGEMENT	ASSISTANCE VISIT
16	PEST MANAGEMENT	CONSULTATION
16	PEST MANAGEMENT	ARTHROPOD IDENTIFICATION
16	PEST MANAGEMENT	PROFILE
17	PESTICIDE MONITORING	HOTLINE (DoD PEST MANAGEMENT HOTLINE)
17	PESTICIDE MONITORING	DOCUMENT REVIEW
17	PESTICIDE MONITORING	ON-SITE CONSULTATION
17	PESTICIDE MONITORING	TRAINING/EDUCATION
17	PESTICIDE MONITORING	SPECIAL PROJECTS
17	PESTICIDE MONITORING	DOCUMENT DEVELOPMENT
21	PERSONAL READINESS	RISK INTERVENTION
21	PERSONAL READINESS	WORKSHOPS
21	PERSONAL READINESS	STANDARDIZED LESSON PLANS/BRIEFINGS
21	PERSONAL READINESS	EXPORTABLE COURSES FOR USAR AND NG
21	PERSONAL READINESS	DEPLOYMENT SUPPORT
21	PERSONAL READINESS	HEALTH CONSULTATIONS
21	PERSONAL READINESS	HIV CERTIFICATION COURSE
21	PERSONAL READINESS	REPORTS/NEWSLETTERS/ARTICLES/SURVEYS/MEDIA SPOTS
21	PERSONAL READINESS	PREVENTIVE SCREENING
21	PERSONAL READINESS	POLICY & DOCTRINE RECOMMENDATION
21	PERSONAL READINESS	LEADER DEVELOPMENT
21	PERSONAL READINESS	INTEGRATION INTO ARMY SCHOOLS
21	PERSONAL READINESS	DATABASE DIRECTORY SERVICES
21	PERSONAL READINESS	INSTRUCTIONAL AIDS
21	PERSONAL READINESS	TRAIN THE TRAINER COURSES
21	PERSONAL READINESS	HP COORDINATION CERTIFICATION
21	PERSONAL READINESS	HP CONFERENCE
21	PERSONAL READINESS	HEALTH MARKETING
21	PERSONAL READINESS	CENTRALIZED HP RESOURCE CENTER
21	PERSONAL READINESS	COLLECTION, EVAL & DISSEMINATION OF HP MATERIALS
22	COMMUNITY HEALTH SERVICES	PREVENTIVE SCREENING
22	COMMUNITY HEALTH SERVICES	EXPORTABLE COURSES FOR USAR AND NG
22	COMMUNITY HEALTH SERVICES	DEPLOYMENT SUPPORT
22	COMMUNITY HEALTH SERVICES	DATABASE DIRECTORY SERVICES
22	COMMUNITY HEALTH SERVICES	COMMUNITY OUTREACH SERVICES
22	COMMUNITY HEALTH SERVICES	COLLECTION, EVAL & DISSEMINATION OF HP MATERIALS
22	COMMUNITY HEALTH SERVICES	HEALTH MARKETING
22	COMMUNITY HEALTH SERVICES	HIV CERTIFICATION COURSE

Program Number	Program Name	PRODUCTS/SERVICES
22	COMMUNITY HEALTH SERVICES	INSTRUCTIONAL AIDS
22	COMMUNITY HEALTH SERVICES	INTEGRATION INTO ARMY SCHOOLS
22	COMMUNITY HEALTH SERVICES	HEALTH CONSULTATIONS
22	COMMUNITY HEALTH SERVICES	POLICY & DOCTRINE RECOMMENDATION
22	COMMUNITY HEALTH SERVICES	REPORTS/NEWSLETTERS/ARTICLES/SURVEYS/MEDIA SPOTS
22	COMMUNITY HEALTH SERVICES	RISK INTERVENTION
22	COMMUNITY HEALTH SERVICES	STANDARDIZED LESSON PLANS/BRIEFINGS
22	COMMUNITY HEALTH SERVICES	TRAIN THE TRAINER COURSES
22	COMMUNITY HEALTH SERVICES	WORKSHOPS
22	COMMUNITY HEALTH SERVICES	CENTRALIZED HP RESOURCE CENTER
22	COMMUNITY HEALTH SERVICES	LEADER DEVELOPMENT
24	RADIO FREQUENCY/ULTRASOUND	EQUIPMENT STUDY
24	RADIO FREQUENCY/ULTRASOUND	CONSULTATIONS
24	RADIO FREQUENCY/ULTRASOUND	SURVEY
24	RADIO FREQUENCY/ULTRASOUND	SITE/INSTALLATION STUDY
24	RADIO FREQUENCY/ULTRASOUND	TRAINING
26	INFECTIOUS DISEASES	SURVEILLANCE OF ACUTE RESPIRATORY DISEASES AT BASIC TRAINING POSTS
26	INFECTIOUS DISEASES	ID INFECTIOUS DISEASES & RISK FACTORS MOST IMPACTING READINESS
26	INFECTIOUS DISEASES	ANNUAL REPORT
26	INFECTIOUS DISEASES	EPIDEMIOLOGY CONSULTATION
26	INFECTIOUS DISEASES	MONITORING OF REPORTABLE INFECTIOUS & OTHER DISEASES
26	INFECTIOUS DISEASES	MONITOR VACCINE EFFICACY
27	INDUSTRIAL HEALTH PHYSICS	HEALTH RISK ASSESSMENT
27	INDUSTRIAL HEALTH PHYSICS	DOCUMENTATION REVIEW
27	INDUSTRIAL HEALTH PHYSICS	INPUT TO ECAS
27	INDUSTRIAL HEALTH PHYSICS	HEALTH HAZARD ASSESSMENT
27	INDUSTRIAL HEALTH PHYSICS	IG INSPECTIONS
27	INDUSTRIAL HEALTH PHYSICS	IR CONSULTATIONS
27	INDUSTRIAL HEALTH PHYSICS	IR STUDIES
27	INDUSTRIAL HEALTH PHYSICS	IR SURVEYS
27	INDUSTRIAL HEALTH PHYSICS	OPERATIONS SUPPORT
27	INDUSTRIAL HEALTH PHYSICS	IR AUDITS
28	MEDICAL HEALTH PHYSICS	DOSIMETRY ASSESSMENTS
28	MEDICAL HEALTH PHYSICS	RADIOLOGICAL CONSULT SITE VISIT
28	MEDICAL HEALTH PHYSICS	RADIOGRAPHIC FLUOROSCOPIC X-RAY SURVEY
28	MEDICAL HEALTH PHYSICS	OPERATIONS SUPPORT
28	MEDICAL HEALTH PHYSICS	MAMMOGRAPHY SURVEY
28	MEDICAL HEALTH PHYSICS	HEALTH FACILITY & RADIOLOGICAL REVIEW
28	MEDICAL HEALTH PHYSICS	DEVELOPMENT, WRITING, AND COORDINATION OF NEW ARMY REGULATIONS
28	MEDICAL HEALTH PHYSICS	CT SURVEY
28	MEDICAL HEALTH PHYSICS	CT ACCEPTANCE TEST
28	MEDICAL HEALTH PHYSICS	HHA/HRA
29	INJURIES & OCCUPATIONAL ILLNESSES	TRACK RATES/TRENDS OF THREATS TO READINESS
29	INJURIES & OCCUPATIONAL ILLNESSES	IDENTIFICATION OF RISK FACTORS & CAUSES OF DISEASES
29	INJURIES & OCCUPATIONAL ILLNESSES	ID OF INJURIES & OCCUPATIONAL DISEASES IMPACTING READINESS
29	INJURIES & OCCUPATIONAL ILLNESSES	FOCUSES SURVEILLANCE FOR SPECIFIED INJURIES AND DISEASES
29	INJURIES & OCCUPATIONAL ILLNESSES	EXPERTISE/CONSULT ON INJURY & OCCUPATIONAL DISEASE EPIDEMIOLOGY
31	WATER SUPPLY MANAGEMENT	FIELD WATER SUPPORT
31	WATER SUPPLY MANAGEMENT	HUMAN CONTACT WATER ASSISTANCE
31	WATER SUPPLY MANAGEMENT	DOCUMENT ACTIONS
31	WATER SUPPLY MANAGEMENT	DRINKING WATER MONITORING SUPPORT

Program Number	Program Name	PRODUCTS/SERVICES
31	WATER SUPPLY MANAGEMENT	DRINKING WATER SYSTEM SUPPORT
31	WATER SUPPLY MANAGEMENT	POLICY ACTIONS
32	SURFACE WATER AND WASTEWATER	NON-POINT SOURCE POLLUTION
32	SURFACE WATER AND WASTEWATER	DOCUMENT REVIEWS
32	SURFACE WATER AND WASTEWATER	AUDITS
32	SURFACE WATER AND WASTEWATER	COMPLIANCE
32	SURFACE WATER AND WASTEWATER	OIL & HAZARDOUS MATERIALS
32	SURFACE WATER AND WASTEWATER	RECEIVING WATER IMPACT
32	SURFACE WATER AND WASTEWATER	STORMWATER
32	SURFACE WATER AND WASTEWATER	TOXICITY
32	SURFACE WATER AND WASTEWATER	POLLUTION PREVENTION
32	SURFACE WATER AND WASTEWATER	SLUDGE MANAGEMENT
34	DISEASE CONTROL & PREVENTION	QUICK RESPONSE CONSULTATIONS
34	DISEASE CONTROL & PREVENTION	SUPPORT HHA/HRA, ETC
34	DISEASE CONTROL & PREVENTION	PREVENTION
34	DISEASE CONTROL & PREVENTION	POLICY REVIEW
34	DISEASE CONTROL & PREVENTION	EDUCATION
35	READINESS PLANNING	DOCUMENT REVIEW
35	READINESS PLANNING	ANALYZE PRACTICES
35	READINESS PLANNING	MARKETING READINESS PLANNING
35	READINESS PLANNING	DEVELOP GUIDANCE
35	READINESS PLANNING	OTHER MISSION
36	DISASTER & DOMESTIC ASSISTANCE	ADVANCED TECHNICAL DEVELOPMENT
36	DISASTER & DOMESTIC ASSISTANCE	TRAINING ON DISASTER AND DOMESTIC ASSISTANCE
36	DISASTER & DOMESTIC ASSISTANCE	PREVENTIVE MEDICINE INFORMATION MANAGEMENT
36	DISASTER & DOMESTIC ASSISTANCE	PREVENTIVE MEDICINE COORDINATION
36	DISASTER & DOMESTIC ASSISTANCE	LIAISON SERVICES
36	DISASTER & DOMESTIC ASSISTANCE	FUNCTIONAL SERVICES
36	DISASTER & DOMESTIC ASSISTANCE	DOCUMENT DEVELOPMENT/REVIEW
36	DISASTER & DOMESTIC ASSISTANCE	DESIGN AND REVIEW
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	POLLUTION PREVENTION OPPORTUNITY ASSESSMENTS
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	HAZARDOUS WASTE SPECIAL STUDY
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	SITE INVESTIGATIONS
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	MIDI CD-ROM
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	COMPLIANCE SURVEYS
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	TRAINING WORKSHOPS/CONSULTATIONS
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	HAZARDOUS AND MEDICAL WASTE CONSULTATIONS
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	TECHNOLOGY EVALUATION
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	TECHNICAL GUIDE 126 - WASTE DISPOSAL INSTRUCTIONS
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	TECHNICAL CONSULTATIVE HOTLINE SUPPORT
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	RCS-1383 ASSISTANCE
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	AUDIOVISUAL LENDING LIBRARY
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	MIDI BBS/INTERNET DATABASE
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	CLRT CORRECTIVE ACTION PROGRAM
38	GROUND WATER AND SOLID WASTE	POTENTIAL SOURCE SURVEYS
38	GROUND WATER AND SOLID WASTE	SOLID WASTE SURVEYS & CONSULTATIONS
38	GROUND WATER AND SOLID WASTE	GROUND WATER & SOLID WASTE TECHNICAL ASSISTANCE
38	GROUND WATER AND SOLID WASTE	GEOHYDROLOGIC STUDIES
38	GROUND WATER AND SOLID WASTE	ENVIRONMENTAL COMPLIANCE ASSESSMENT
38	GROUND WATER AND SOLID WASTE	DOCUMENT REVIEWS (HRA AND ECAS)
41	HEALTH, FITNESS, AND PERFORMANCE	PARTICIPATION IN SPECIAL HP & PREVENTION PROJECT EVALS
41	HEALTH, FITNESS, AND PERFORMANCE	EVALUATION OF IMPACT OF HEALTH OF SOLDIERS UPON READINESS
41	HEALTH, FITNESS, AND PERFORMANCE	ANNUAL REPORT ON LEADING FACTORS IMPACTING READINESS
41	HEALTH, FITNESS, AND PERFORMANCE	EPIDEMIOLOGICAL CONSULTATION
42	AIR POLLUTION SOURCE MANAGEMENT	RCRA TRIAL BURNS

Program Number	Program Name	PRODUCTS/SERVICES
42	AIR POLLUTION SOURCE MANAGEMENT	TOXIC RELEASE INVENTORIES
42	AIR POLLUTION SOURCE MANAGEMENT	TECHNICAL CONSULTATION
42	AIR POLLUTION SOURCE MANAGEMENT	SOURCE ASSESSMENTS
42	AIR POLLUTION SOURCE MANAGEMENT	RCRA TB TEST PLANS
42	AIR POLLUTION SOURCE MANAGEMENT	POLLUTION PREVENTION
42	AIR POLLUTION SOURCE MANAGEMENT	HEALTH RISK ASSESSMENT
42	AIR POLLUTION SOURCE MANAGEMENT	TRAINING
42	AIR POLLUTION SOURCE MANAGEMENT	DOCUMENT REVIEW
43	AMBIENT AIR QUALITY MANAGEMENT	HEALTH RISK ASSESSMENTS
43	AMBIENT AIR QUALITY MANAGEMENT	SAMPLING AND ANALYSIS
43	AMBIENT AIR QUALITY MANAGEMENT	DERA DOCUMENT REVIEWS
43	AMBIENT AIR QUALITY MANAGEMENT	CONDUCT TRAINING
43	AMBIENT AIR QUALITY MANAGEMENT	AIR POLLUTION DISPERSION MODELING
43	AMBIENT AIR QUALITY MANAGEMENT	TECHNICAL CONSULTATION
43	AMBIENT AIR QUALITY MANAGEMENT	ENVIRONMENTAL AUDITS
46	HEALTH RISK APPRAISAL/CARIOVASCULAR SCREENING	HRA MAINTENANCE AND DISTRIBUTION
46	HEALTH RISK APPRAISAL/CARIOVASCULAR SCREENING	HRA USER TRAINING
46	HEALTH RISK APPRAISAL/CARIOVASCULAR SCREENING	HRA SOFTWARE DEVELOPMENT
46	HEALTH RISK APPRAISAL/CARIOVASCULAR SCREENING	HARDWARE/SOFTWARE CONFIGURATION MANAGEMENT
46	HEALTH RISK APPRAISAL/CARIOVASCULAR SCREENING	DEVELOP REPORTS OF HRA CORPORATE DATABASE
46	HEALTH RISK APPRAISAL/CARIOVASCULAR SCREENING	DATA QUERIES OF HRA CORPORATE DATABASE
46	HEALTH RISK APPRAISAL/CARIOVASCULAR SCREENING	CLINICAL NURSING CONSULTATION
46	HEALTH RISK APPRAISAL/CARIOVASCULAR SCREENING	HRA TECHNICAL CUSTOMER SUPPORT (TROUBLESHOOTING)
51	HEARING CONSERVATION	HEARS LIAISON VISITS
51	HEARING CONSERVATION	MANAGEMENT CONSULTATION
51	HEARING CONSERVATION	WORKSHOPS
51	HEARING CONSERVATION	NOISE ABATEMENT CONSULTATION
51	HEARING CONSERVATION	ARTICLES/PAPERS
51	HEARING CONSERVATION	DOCUMENT REVIEW AND PREPARATION
51	HEARING CONSERVATION	HEARS DATA PROFILES
51	HEARING CONSERVATION	SURVEYS
51	HEARING CONSERVATION	HHA SUPPORT
51	HEARING CONSERVATION	HEARS/OHMIS (FUNCTIONAL SUPPORT)
52	ENVIRONMENTAL NOISE	TESTIMONY
52	ENVIRONMENTAL NOISE	TRAINING
52	ENVIRONMENTAL NOISE	MONITORING
52	ENVIRONMENTAL NOISE	CONTOURING
52	ENVIRONMENTAL NOISE	INPUT TO ECAS SUPPORT
52	ENVIRONMENTAL NOISE	SCIENTIFIC
53	OHMIS MANAGEMENT	SOFTWARE DEVELOPMENT
53	OHMIS MANAGEMENT	HARDWARE/SOFTWARE DEPLOYMENT
53	OHMIS MANAGEMENT	INFORMATION ANALYSIS
53	OHMIS MANAGEMENT	HARDWARE/SOFTWARE ANALYSIS
53	OHMIS MANAGEMENT	HARDWARE/SOFTWARE ACQUISITION
53	OHMIS MANAGEMENT	CUSTOMER TRAINING
53	OHMIS MANAGEMENT	CUSTOMER SUPPORT
53	OHMIS MANAGEMENT	CONTRACT ADMINISTRATION
53	OHMIS MANAGEMENT	HARDWARE/SOFTWARE ADMINISTRATION
53	OHMIS MANAGEMENT	PROJECT MANAGEMENT
55	INDUSTRIAL HYGIENE FIELD SERVICES	ERGONOMIC SITE SURVEYS
55	INDUSTRIAL HYGIENE FIELD SERVICES	POLICY INPUT/DEVELOPMENT
55	INDUSTRIAL HYGIENE FIELD SERVICES	SURVEYS
55	INDUSTRIAL HYGIENE FIELD SERVICES	EQUIPMENT SUPPORT
55	INDUSTRIAL HYGIENE FIELD SERVICES	ERGONOMIC TRAINING
55	INDUSTRIAL HYGIENE FIELD SERVICES	ERGONOMIC PHONE CONSULTATIONS

Program Number	Program Name	PRODUCTS/SERVICES
55	INDUSTRIAL HYGIENE FIELD SERVICES	ERGONOMIC DOCUMENTS
55	INDUSTRIAL HYGIENE FIELD SERVICES	EQUIPMENT/FACILITY DESIGN REVIEW
55	INDUSTRIAL HYGIENE FIELD SERVICES	DOCUMENT DEVELOPMENT AND REVIEW
55	INDUSTRIAL HYGIENE FIELD SERVICES	CONSULTATIONS
56	HEALTHCARE HAZARDS	HEALTHCARE SYSTEMS SAFETY
56	HEALTHCARE HAZARDS	SUPPORT TO MEDCOM SAFETY PROGRAMS
56	HEALTHCARE HAZARDS	SAFETY AND OCCUPATIONAL HEALTH TRAINING
56	HEALTHCARE HAZARDS	DOCUMENT AND DEVELOPMENT REVIEW
56	HEALTHCARE HAZARDS	DESIGN REVIEWS
56	HEALTHCARE HAZARDS	SAFETY AND HEALTH CONSULTS
56	HEALTHCARE HAZARDS	JCAHO ASSISTANCE VISITS (PRE AND POST)
57	FIELD ENVIRONMENTAL HEALTH	DOCUMENT REVIEW
57	FIELD ENVIRONMENTAL HEALTH	HHA SUPPORT
57	FIELD ENVIRONMENTAL HEALTH	FOOD SERVICE SANITATION TRAINING
57	FIELD ENVIRONMENTAL HEALTH	FIELD SANITATION TEAM TRAINING
57	FIELD ENVIRONMENTAL HEALTH	ESO ASSISTANCE VISITS
57	FIELD ENVIRONMENTAL HEALTH	EQUIPMENT REVIEW
57	FIELD ENVIRONMENTAL HEALTH	DOCUMENT DEVELOPMENT
57	FIELD ENVIRONMENTAL HEALTH	PREVENTIVE MEDICINE ASSESSMENTS
57	FIELD ENVIRONMENTAL HEALTH	DESIGN REVIEW/PRE-OCCUPANCY
57	FIELD ENVIRONMENTAL HEALTH	CONSULTATIONS
57	FIELD ENVIRONMENTAL HEALTH	AIMS
59	INDUSTRIAL HYGIENE MANAGEMENT	INDUSTRIAL HYGIENE TRAINING
59	INDUSTRIAL HYGIENE MANAGEMENT	ASSISTANCE
59	INDUSTRIAL HYGIENE MANAGEMENT	DOCUMENT DEVELOPMENT
59	INDUSTRIAL HYGIENE MANAGEMENT	OHMIS MAINFRAME QA & REPORTS
59	INDUSTRIAL HYGIENE MANAGEMENT	MEDCOM SUPPORT
59	INDUSTRIAL HYGIENE MANAGEMENT	INTERNAL COMPUTER SUPPORT
59	INDUSTRIAL HYGIENE MANAGEMENT	MANAGEMENT TRAINING
59	INDUSTRIAL HYGIENE MANAGEMENT	HHIM TRAINING & SUPPORT
59	INDUSTRIAL HYGIENE MANAGEMENT	HHIM SOFTWARE DEVELOPMENT
59	INDUSTRIAL HYGIENE MANAGEMENT	HHIM HARDWARE UPGRADE
59	INDUSTRIAL HYGIENE MANAGEMENT	HAZARDOUS MATERIALS INFORMATION SYSTEM (HMIS)
59	INDUSTRIAL HYGIENE MANAGEMENT	EXTERNAL PROGRAM SUPPORT
59	INDUSTRIAL HYGIENE MANAGEMENT	INDUSTRIAL HYGIENE CAREER PROGRAM
63	VISION CONSERVATION	EYE INJURY REPORTING SYSTEM (EIRS)
63	VISION CONSERVATION	TB MED 506, OCCUPATIONAL VISION
63	VISION CONSERVATION	SYMPOSIUM
63	VISION CONSERVATION	OFFICER COURSE
63	VISION CONSERVATION	BASIC COURSE
63	VISION CONSERVATION	TECHNICAL CONSULTATIONS (GENERAL)
63	VISION CONSERVATION	SURVEYS
63	VISION CONSERVATION	OHMIS VISION MODULE
63	VISION CONSERVATION	DOD VISION INFORMATION SYSTEM (DVIS)
63	VISION CONSERVATION	DA PAM, 40-506, VISION CONSERVATION
63	VISION CONSERVATION	ASSISTANCE VISITS
63	VISION CONSERVATION	SPECIAL PROJECT: EYE INJURY PROGRAM EVALUATION STUDY
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	OCCUPATIONAL MEDICINE ADVANCED COURSE
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	OHMIS SUPPORT
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	ONSITE CONSULTATIONS
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	RESIDENCY SUPPORT
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	LECTURES AND COURSES
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	HEALTH HAZARD ASSESSMENTS
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	CHEMICAL SURETY SUPPORT
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	EPIDEMIOLOGICAL REVIEWS AND INVESTIGATIONS

Program Number	Program Name	PRODUCTS/SERVICES
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	DOCUMENT DEVELOPMENT AND REVIEWS
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	MATRIXED PROJECTS
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	PARTICIPATE IN PREPARATION & REVIEW OF HEALTH RISK ASSESSMENTS
65	OCCUPATIONAL HEALTH NURSING	PROGRAM CONSULTATIONS
65	OCCUPATIONAL HEALTH NURSING	SPIROMETRY TRAINING COURSE
65	OCCUPATIONAL HEALTH NURSING	OHN CERTIFICATION REVIEW MATERIALS
65	OCCUPATIONAL HEALTH NURSING	REGIONAL SYMPOSIUM
65	OCCUPATIONAL HEALTH NURSING	PROGRAM ADMINISTRATION GUIDANCE
65	OCCUPATIONAL HEALTH NURSING	COURSE (BASIC) CORRESPONDENCE
65	OCCUPATIONAL HEALTH NURSING	MEDICAL INFORMATION MODULE (MIM)
65	OCCUPATIONAL HEALTH NURSING	DEVELOPMENT OF OHN ACTED'S PLAN
65	OCCUPATIONAL HEALTH NURSING	TRAINING AND EDUCATION
66	DOCUMENT DEVELOPMENT	DOCUMENT DEVELOPMENT SERVICES
66	DOCUMENT DEVELOPMENT	PRINTED MATERIAL PRODUCTS
72	LABORATORY OPERATIONS IMPROVEMENT	ACCREDITATION & CERTIFICATION
72	LABORATORY OPERATIONS IMPROVEMENT	ANALYTICAL CONTRACTS
72	LABORATORY OPERATIONS IMPROVEMENT	CHOLINESTERASE PROGRAM
72	LABORATORY OPERATIONS IMPROVEMENT	LIMS
72	LABORATORY OPERATIONS IMPROVEMENT	QUALITY CONTROL INSERTIONS
72	LABORATORY OPERATIONS IMPROVEMENT	SAMPLE MANAGEMENT
73	METHOD DEVELOPMENT AND ANALYTICAL SCIENCES	DOCUMENT REVIEW
73	METHOD DEVELOPMENT AND ANALYTICAL SCIENCES	METHOD DEVELOPMENT/IMPLEMENTATION
73	METHOD DEVELOPMENT AND ANALYTICAL SCIENCES	SAMPLE PREPARATION
73	METHOD DEVELOPMENT AND ANALYTICAL SCIENCES	TECHNICAL CONSULTATION
77	ANALYTICAL CHEMISTRY	ADAPTATION
77	ANALYTICAL CHEMISTRY	HRA REVIEW
77	ANALYTICAL CHEMISTRY	DOCUMENT GENERATED/REVIEW
77	ANALYTICAL CHEMISTRY	CONSULTATION
77	ANALYTICAL CHEMISTRY	CONTRACT LAB DATA REVIEW
77	ANALYTICAL CHEMISTRY	SAMPLE ANALYSIS
79	RADIOISOTOPE ANALYSIS	CONSULTATION
79	RADIOISOTOPE ANALYSIS	CONTRACT LAB ANALYSIS
79	RADIOISOTOPE ANALYSIS	DOCUMENT GENERATION/REVIEW
79	RADIOISOTOPE ANALYSIS	HRA REVIEW
79	RADIOISOTOPE ANALYSIS	METHOD DEVELOPMENT/ADAPTATION COMPUTER PROGRAM
79	RADIOISOTOPE ANALYSIS	PRIORITY PROJECTS
79	RADIOISOTOPE ANALYSIS	SAMPLE ANALYSIS
80	PESTICIDES AND ORGANIC CHEMISTRY	ANALYSIS
80	PESTICIDES AND ORGANIC CHEMISTRY	METHODS DEVELOPMENT
80	PESTICIDES AND ORGANIC CHEMISTRY	HEALTH RISK ASSESSMENT DOCUMENT REVIEWS
80	PESTICIDES AND ORGANIC CHEMISTRY	DOCUMENT REVIEW & PREPARATION
80	PESTICIDES AND ORGANIC CHEMISTRY	CONSULTATIONS
80	PESTICIDES AND ORGANIC CHEMISTRY	CONTRACT DATA REVIEW
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	HEALTH RISK ASSESSMENT DOCUMENT REVIEW
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	CONSULTATION
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	METHOD DEVELOPMENT
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	CONTRACT DATA REVIEW
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	ANALYSIS
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	DOCUMENT REVIEW & PREPARATION
85	TOXICITY EVALUATION	DOCUMENT REVIEWS
85	TOXICITY EVALUATION	HHA SUPPORT
85	TOXICITY EVALUATION	LABORATORY STUDIES
85	TOXICITY EVALUATION	LITERATURE SEARCHES
85	TOXICITY EVALUATION	P8 FUNDING CONTRACTS

Program Number	Program Name	PRODUCTS/SERVICES
85	TOXICITY EVALUATION	REIMBURSABLE FUNDING CONTRACTS
85	TOXICITY EVALUATION	STANDARDS REVIEW
85	TOXICITY EVALUATION	TOXICOLOGY CLEARANCES
85	TOXICITY EVALUATION	TOXICOLOGY PROFILES
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	LABORATORY ANIMAL CARE
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	ACCREDIATIONS & CERTIFICATION
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	PROFILES
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	CLINICAL PATHOLOGY
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	CONTRACTS
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	GROSS HISTOPATHOLOGY
87	HEALTH EFFECTS RESEARCH	CONSULTATIONS
87	HEALTH EFFECTS RESEARCH	FIELD ENVIRONMENTAL HEALTH STUDIES
87	HEALTH EFFECTS RESEARCH	HEALTH RISK REVIEWS
87	HEALTH EFFECTS RESEARCH	LABORATORY RESEARCH
87	HEALTH EFFECTS RESEARCH	PUBLIC MEETING SUPPORT
ALL	ALL	TELEPHONE CONSULTATIONS
ALL	ALL	USACHPPM PATS AND COMMITTEES
ALL	ALL	TECHNICAL AND PEER REVIEWED PUBLICATIONS
ALL	ALL	SPECIAL CONSULTATIONS/SERVICES
ALL	ALL	PROVIDE TECHNICAL ASSISTANCE/EXPERTISE
ALL	ALL	PROFESSIONAL DEVELOPMENT TRAINING/TRAVEL
ALL	ALL	PROFESSIONAL COMMITTEE REPRESENTATION
ALL	ALL	INDIRECT PROGRAM MANAGEMENT
ALL	ALL	DESKTOP CONSULTATIONS
25	LASER/OPTICAL RADIATION	STUDIES
25	LASER/OPTICAL RADIATION	CONSULTATIONS
25	LASER/OPTICAL RADIATION	TRAINING
25	LASER/OPTICAL RADIATION	SURVEY
39	HEALTH RISK ASSESSMENT AND RISK COMMUNICATION	
30	ARMY MEDICAL SURVEILLANCE ACTIVITY	
33	SEROEPIDEMIOLOGY	
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	CONSULTATIONS
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	DEPLOYMENT MEDICINE SURVEILLANCE
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	PREVENTIVE MEDICINE COORDINATION
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	NEEDS ASSESSMENTS
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	ADVANCED TECHNICAL DEVELOPMENT
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	TRAINING
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	LIAISON
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	PREVENTIVE MEDICINE INFORMATION MANAGEMENT
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	DOCUMENT DEVELOPMENT
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	DOCUMENT REVIEW

APPENDIX C

Study Approach

Study Approach

The following are the steps in developing and testing a method for reallocating resources. Note that, as of this report, steps 24 to 28 must still be completed.

1. Develop criteria and measures for ranking products and services.
2. Conduct test weighting of draft criteria.
3. Provide criteria and measures to USACHPPM.
4. Develop preliminary questionnaire for ranking programs.
5. Develop preliminary questionnaire for ranking products and services.
6. Conduct test ranking of programs.
7. Conduct test ranking of products and services.
8. Develop alternative proposals for selection panels.
9. Present briefing to USACHPPM leadership.
10. USACHPPM conducts weighting of criteria.
11. Evaluate results of criteria weighting by USACHPPM (sensitivity and consistency).
12. Present analysis of weighting to USACHPPM.
13. Develop final questionnaire from the criteria for ranking the programs.
14. Develop final questionnaire from the criteria for ranking the products and services.
15. Conduct final test ranking of programs, products, and services to validate questionnaires.
16. Present results of LMI ranking to USACHPPM.
17. USACHPPM approval of ranking questionnaires.
18. USACHPPM identifies individuals.

19. LMI presents a draft plan for conducting the ranking (one-day, all at the same time).

20. USACHPPM develops information papers on programs related to the criteria.

21. USACHPPM conducts ranking of programs.

22. Evaluate ranking of programs.

23. Present briefing on analysis of ranking to USACHPPM leadership.

24. USACHPPM develops short descriptions of products and services.

25. USACHPPM conducts ranking of products and services.

26. LMI evaluates ranking of products and services.

27. Present briefing on analysis of ranking to USACHPPM leadership.

28. Present briefing on analysis of ranking to others at USACHPPM.

29. Prepare LMI report.

APPENDIX D

USACHPPM Mission Focus and Key Strategies

USACHPPM Mission Focus and Key Strategies

The following mission focus items and key strategies are found in USACHPPM's strategic plan. These determine the criteria used for prioritizing program, products, and services for reallocation of resources.

Mission Focus

- Deployment medical surveillance
- Personal readiness assessment
- Develop the Theater Area Medical Laboratory
- Preventive medicine readiness hotline
- Strategic/operational arm for health promotion and preventive medicine

Key Strategies and Associated Actions

Strategy One: Reengineer for Entrepreneurial Operations.

- Develop a business plan.
- Operate pilot programs.
- Develop command policy.
- Developing outsourcing matrix.
- Seek reinvention of government status.

Strategy Two: Market Our Organization and Our Products and Services.

- Identify a new marketing director position for the TDA.
- Publish and distribute new printed material.
- Capitalize on all opportunities to promote the USACHPPM.

Strategy Three: Integrate Health Promotion and Preventive Medicine with Army Readiness.

- Develop a one-stop-shop for all operational preventive medicine issues.
- Define operational medical readiness for the USACHPPM.
- Integrate Theater Army Medical Laboratory and USACHPPM operations.
- Establish and staff the new directorates (Health Promotion, Wellness).

Strategy Four: Develop a Process to Prioritize Resources to Maintain a Competitive Edge.

- Establish work selection and work deselection criteria.
- Identify USACHPPM products and services.
- Evaluate criteria for prioritizing resources.
- Prioritize products and services.
- Apply management indicators.
- Establish a formal process for resource allocation.

Strategy Five: Achieve World-Class Status.

- Improve quality management and scientific performance levels.
- Publish comprehensive quality implementation plan.
- Publish comprehensive training plan for scientific areas.
- Develop customer service standards.

APPENDIX E

Technical Criteria Definitions and Measures

Technical Criteria Definitions and Measures

HEALTH IMPACT

Definition

Actions that promote or maintain the health of individuals by mitigating health risk.

Measures

How large is the population affected by the performance of this product or service in an average year?

(5) = More than 1,000,000 people.

(4) = More than one installation/division (100,001 – 1,000,000 people).

(3) = Installation/brigade (1,001 – 100,000 people).

(2) = Facility or buildings/companies or battalions (100 – 1,000 people).

(1) = Individuals/squads or platoons (less than 100 people).

How severe is the impact on the health of the population affected if this product or service is not performed?

(5) = Permanent loss from work force (military mission DNBI resulting in evacuation; or, in the noncombat sector, injury or illness resulting in disability).

(4) = Chronic disease resulting in long-term medical treatment and compensation costs.

(3) = Illness or injury resulting in lost work time.

(2) = Mild illness or injury resulting in reduced job performance.

(1) = Minimal health impact.

PREVENTIVE SERVICE

Definition

Proaction to maintain or promote the health and wellness of personnel (the total Army, including all active, reserve, and other beneficiaries).

Measure

How does the performance of this product or service help, in a proactive way, to promote health or wellness, or to prevent disease or nonbattle injury?

(4) = Product or service that clearly supports health promotion and wellness.

(3) = Proactive product or service that prevents problems from developing in the future.

(2) = Product or service responds to a crisis in which proactive response actions prevent further development of greater problems.

(1) = Product or service is not preventive but solves an existing problem.

SUPPORT TO SOLDIER

Definition

Supports CINCs and commanders in warfighting and other military operations.

Measure

How does the performance of this product or service support the CINCs and commanders?

(4) = Directly supports the soldier (immunizations, masks, etc.).

(3) = Indirectly supports the soldier (i.e., those actions that provide tools for soldiers to use in their warfighting mission [TAML, weapon systems, development of technical guides, and training courses]).

(1) = Supports installation facilities (i.e., water treatment and industrial hygiene surveys).

SUPPORTS USACHPPM AS THE DOD LEAD AGENT FOR HEALTH PROMOTION AND PREVENTIVE MEDICINE

Definition

Increases the visibility or influence of USACHPPM in health promotion and preventive medicine activities within DoD.

Measure

How well does the performance of this product or service support tri-Service or DoD health promotion and preventive medicine interaction and activities?

(5) = This product or service is one for which USACHPPM is already the DoD lead or executive agent (DoD-ATSDR support and OHMIS).

(3) = This product or service is one that is clearly superior or has no competition within the other services and is of sufficient scope to meet lead agent requirements (toxicity clearances and Health Hazard Assessment).

(1) = This product or service is not Army-unique, is not of sufficient scope to meet DoD lead agent requirements, but is simply an integral part of the USACHPPM scientific base.

OUTSOURCING

Definition

How critical is the in-house performance of this product or service to USACHPPM, and should other organizations provide the service or product?

Measure

Should this product or service be outsourced?

(5) = Should be performed by USACHPPM with in-house personnel to maintain the USACHPPM scientific base.

(3) = Should be performed by others with USACHPPM oversight.

(1) = Should be performed by others with no USACHPPM oversight.

Customer Demand

Definition

The customers request the product or service.

Measure

How great is the anticipated or known demand for providing this product or service?

(5) = The demand is greater than our current resource levels can support.

(3) = The demand can be supported by our current resource levels.

(1) = The demand is much less than our current resource levels.

Magnitude of Cost Savings

Definition

The results obtained save dollars, avoid costs, or reduce compensation costs in an average year.

Measure

How large are the savings achieved by providing this product or service?

(5) = Savings are greater than $10,000,000 per year.

(3) = Savings are $1,000,001 – $10,000,000 per year.

(2) = Savings are $100,000 – $1,000,000 per year.

(1) = Savings are less than $100,000 per year.

SUPPLEMENTAL FUNDING

Definition

The performance of this service or delivery of this product has generated supplemental funding from external sources.

Measure

How much external supplemental funding is generated by the performance of this product or service?

(5) = External supplemental funds are greater than $1,000,000.

(3) = External supplemental funds are $500,001 – $1,000,000.

(2) = External supplemental funds are $200,000 – $500,000.

(1) = External supplemental funds are less than $200,000.

APPENDIX F

Selection Worksheet Instructions for Weighting the Criteria

Selection Worksheet Instructions for Weighting the Criteria

Please Follow These Instructions

This is a paired comparison exercise. The exercise is to determine which of two criteria you prefer as more important.

Criteria

The following criteria have been selected to assess USACHPPM technical programs, products and services:

- Health impact.
- Preventive service.
- Support to soldier.
- Supports USACHPPM as the DoD lead agent for Health Promotion/Preventive Medicine.
- Outsourcing.
- Customer demand.
- Magnitude of cost savings.
- Supplemental funding.

Process

The following page lists pairs of criteria. First consider whether the choice on the left is better than the one on the right, or the choice on the right better than the one on the left, or whether the choices are about equal. If one choice is better than the other, assign the better one a value between 1 and 4, depending on how much better the choice is. If the choices are equal, assign them both a value of zero. Interpretations of values are listed in Table F-1 below.

Result

The result of this exercise is a weighting of each of the eight criteria. These criteria will be used to assess each of USACHPPM's programs and also the program's products and services.

Turn to the next page and make your comparisons.

Table F-2.
Criteria Preference Comparison Form

Pair		Left	No Difference	Right	
1	Health Impact		0		Support to Soldier
2	Support to Soldier		0		Preventive Service
3	Preventive Service		0		Magnitude of Cost Savings
4	Magnitude of Cost Savings		0		Outsourcing
5	Outsourcing		0		Supplemental Funding
6	Supplemental Funding		0		Supports CHPPM as DoD Lead
7	Supports CHPPM as DoD Lead		0		Customer Demand
8	Customer Demand		0		Health Impact
9	Support to Soldier		0		Magnitude of Cost Savings
10	Magnitude of Cost Savings		0		Supplemental Funding
11	Supplemental Funding		0		Customer Demand
12	Customer Demand		0		Support to Soldier
13	Preventive Service		0		Supplemental Funding
14	Supplemental Funding		0		Health Impact
15	Magnitude of Cost Savings		0		Customer Demand
16	Health Impact		0		Preventive Service
17	Preventive Service		0		Outsourcing
18	Outsourcing		0		Supports CHPPM as DoD Lead
19	Supports CHPPM as DoD Lead		0		Health Impact
20	Support to Soldier		0		Outsourcing
21	Outsourcing		0		Customer Demand
22	Customer Demand		0		Preventive Service
23	Preventive Service		0		Supports CHPPM as DoD Lead
24	Health Impact		0		Magnitude of Cost Savings
25	Magnitude of Cost Savings		0		Supports CHPPM as DoD Lead
26	Supports CHPPM as DoD Lead		0		Support to Soldier
27	Support to Soldier		0		Supplemental Funding
28	Health Impact		0		Outsourcing

Scale: 4 3 2 1 0 1 2 3 4

APPENDIX G

Instructions for Completing the Program-Ranking Questionnaire

Instructions for Completing the Program-Ranking Questionnaire

This work selection process involves rating programs according to eight criteria that are based on USACHPPM mission focus and key strategies. The process has been developed to help USACHPPM make decisions on which program's products and services should continue to be performed. This will then lead to the reallocation of resources to the new directorates, which were mandated as a result of the Preventive Medicine reorganization, or to other directorates that have higher-priority programs.

The program products and services being assessed are the external technical products and mission services. General and administrative products and services that are necessary because USACHPPM is a military organization will be assessed under separate business-related criteria.

This questionnaire is to be used in conjunction with the matrix spreadsheet, which lists the programs down the side and the criteria measure questions across the top.

Each program is to be rated against each criterion individually. You will need to consider, in a general manner, the nature and thrust of a program's primary products and services in order to answer the questions.

For each program's primary products and services, address the questions presented on the following pages. Put the value you feel is most appropriate for the program you are rating. The questionnaire explains the meaning of each value. (Note that the values are not always consecutive; this is by design.)

For example, question 1.a. asks you to rate each program's population impact. Program 17, Pesticide Monitoring, products and services impact primarily at the installation level (a population of approximately 30,000), and products and services may be performed approximately 10 times per year. Therefore, these products and services affect about 300,000 people each year. The number you would put in the space provided would be 4, which corresponds to the range "100,001 – 1,000,000 people."

Please turn the page and answer the questions for each program.
Please read each question carefully.

PROGRAM QUESTIONS

1. **Health impact.** These questions address the health impact criterion and the products or services within this program that promote or maintain the health of individuals by mitigating health risk. We have chosen to define health risk in terms of both the size of the population affected and the severity of the impact. Therefore, we pose two separate questions that will be averaged to avoid double counting this criterion in the final analysis.

a. What is the size of the population affected by this program's products or services? (First consider the population primarily affected by this program's products or services, then multiply this population by the average number of products or services provided per year. Select the answer that corresponds to the best estimate of the total population affected.)

(5) = More than 1,000,000 people.

(4) = More than one installation/division (100,001 – 1,000,000 people).

(3) = Installation/brigade (1,001 – 100,000 people).

(2) = Facility or buildings/companies or battalions (100 – 1,000 people).

(1) = Individuals/squads or platoons (less than 100 people).

b. What is the severity of the health impact if this program's products or services are not provided?

(5) = Permanent loss from work force (military mission DNBI resulting in evacuation; or, in the noncombat sector, injury or illness resulting in disability).

(4) = Chronic disease resulting in long-term medical treatment and compensation costs.

(3) = Illness or injury resulting in lost work time.

(2) = Mild illness or injury resulting in reduced job performance.

(1) = Minimal health impact.

2. **Preventive service.** This question addresses whether a program's services or products are primarily preventive in nature, such that they proactively maintain or promote the health and wellness of personnel.

Are this program's products or services primarily preventive in nature?

(4) = Products and services clearly support health promotion and wellness.

(3) = Products or services primarily prevent problems from developing in the future.

(2) = Products or services respond to a crisis in which response actions prevent development of greater problems.

(1) = Products or services are not preventive but solve an existing problem.

3. **Support to soldier.** This question addresses whether a program's services or products primarily provide support to the combat soldier.

How do this program's products and services support Commanders in Chief and other commanders in their performance of warfighting and other military operations?

(4) = They directly support the soldier (immunizations, masks, etc.).

(3) = They indirectly support the soldier [e.g., actions that provide tools for soldiers to use in their warfighting mission (TAML, weapon systems, development of technical guides, and training courses)].

(1) = They primarily support installation facilities (e.g., water treatment and industrial hygiene surveys).

4. **Lead agent.** This question addresses whether a program's services and products support USACHPPM as the DoD lead agent for health promotion and preventive medicine. DoD lead or executive agent is established for programs that apply to all services and are of sufficient scope to warrant DoD-level interest and leadership.

Does this program's products and services increase the visibility or influence of USACHPPM in health promotion and preventive medicine activities within DoD?

(4) = This program's primary products and services are ones for which USACHPPM is already the DoD lead or executive agent [HRA (DoD-ATSDR support) and OHMIS (OHMIS)].

(3) = This program's primary products and services are clearly superior or have no competition within the other services and are of sufficient scope to meet lead agent requirements [Tox Path (toxicity clearances) and HHA (HHA)].

(1) = This program's primary products and services are not Army-unique, nor of sufficient scope to meet DoD lead agent requirements or are simply an integral part of the USACHPPM scientific base.

5. **Outsourcing.** This question addresses whether a program's primary existing products and services should continue to be provided by USACHPPM. Given the current environment, USACHPPM must make decisions on which program's specific products and services will be provided with in-house personnel to ensure the appropriate scientific base is maintained. Other DoD organizations, federal agencies, or profit and nonprofit commercial firms may more appropriately provide some of the products and services currently provided using in-house personnel, thereby focusing resources on higher-priority program products and services.

Should the USACHPPM continue to perform this program's primary services or deliver this program's primary products?

(5) = The program's primary products and services should be performed by USACHPPM with in-house personnel to maintain the USACHPPM scientific base.

(3) = The program's primary products and services should be performed by others with USACHPPM oversight.

(1) = The program's primary products and services should be performed by others with no USACHPPM oversight.

6. **Customer demand.** This question addresses whether a program's services or products have a strong customer demand or support.

What is the anticipated demand for this program's new primary products and services, or the known demand for this program's existing primary products and services?

(5) = The demand is greater than our current resources can support.

(3) = The demand can be supported by our current resources.

(1) = The demand is much less than our current resources.

7. **Magnitude of savings.** This question addresses the magnitude of the real or potential cost savings achieved by providing this program's primary products or services. Consider the following in making your estimates of cost savings: the cost of performing the services (salary, benefits, travel, equipment, report processing, analysis, etc.) versus the cost of others performing the services; the savings associated with avoiding future medical treatment and worker's compensation costs; and cost savings associated with identification of less costly mitigation alternatives.

What are the estimated savings associated with this program's primary products and services?

(5) = Savings are greater than $10,000,000 per year.

(3) = Savings are $1,000,001 – $10,000,000 per year.

(2) = Savings are $100,000 – $1,000,000 per year.

(1) = Savings are less than $100,000 per year.

8. **Supplemental funding.** This question addresses the amount of supplemental funding obtained from sources outside USACHPPM by providing this program's primary services or products. (This refers to the program initially receiving the funding).

What are the external supplemental funds generated each year by providing this program's primary services or products?

(5) = External supplemental funds are greater than $1,000,000.

(3) = External supplemental funds are $500,001 – $1,000,000.

(2) = External supplemental funds are $200,000 – $500,000.

(1) = External supplemental funds are less than $200,000.

Program Ranking Form

Program Number	Program Name	Health a	Health b	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplemental Funding	TOTAL
11	GRADUATE MEDICAL EDUCATION (RESIDENCY)										
16	PEST MANAGEMENT										
17	PESTICIDE MONITORING (17)										
21	PERSONAL READINESS										
22	COMMUNITY HEALTH SERVICES										
24	RADIO FREQUENCY/ULTRASOUND										
25	LASER/OPTICAL RADIATION										
26	INFECTIOUS DISEASES										
27	INDUSTRIAL HEALTH PHYSICS (27)										
28	MEDICAL HEALTH PHYSICS										
29	INJURIES & OCCUPATIONAL ILLNESSES										
30	ARMY MEDICAL SURVEILLANCE ACTIVITY										
31	WATER SUPPLY MANAGEMENT										
32	SURFACE WATER AND WASTEWATER										
33	SEROEPIDEMIOLOGY										
34	DISEASE CONTROL & PREVENTION										
35	READINESS PLANNING										
36	DISASTER & DOMESTIC ASSISTANCE										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT										
38	GROUND WATER AND SOLID WASTE										
39	HRA AND RISK COMMUNICATION										
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE										
41	HEALTH, FITNESS, AND PERFORMANCE										
42	AIR POLLUTION SOURCE MANAGEMENT										
43	AMBIENT AIR QUALITY MANAGEMENT										
46	HRA/CARDIOVASCULAR SCREENING										
51	HEARING CONSERVATION (51)										
52	ENVIRONMENTAL NOISE										
53	OHMIS MANAGEMENT										
55	INDUSTRIAL HYGIENE FIELD SERVICES										
56	HEALTHCARE HAZARDS										
57	FIELD ENVIRONMENTAL HEALTH										
59	INDUSTRIAL HYGIENE MANAGEMENT										
63	VISION CONSERVATION										
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE										
65	OCCUPATIONAL HEALTH NURSING										
66	DOCUMENT DEVELOPMENT										
69	HEALTH HAZARD ASSESSMENT (69)										
71	FIELD LABORATORY READINESS(TAML)										
72	LABORATORY OPERATIONS IMPROVEMENT										
73	METHOD DEVELOPMENT AND ANALYTICAL SCIENCES										
77	ANALYTICAL CHEMISTRY										
79	RADIOISOTOPE ANALYSIS										
80	PESTICIDES AND ORGANIC CHEMISTRY										
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY										
84	DOD CHOLINESTERASE PROGRAM (84)										
85	TOXICITY EVALUATION										
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE										
87	HEALTH EFFECTS RESEARCH										

APPENDIX H

Results of Program Ranking by Pilot Test

This appendix shows the ranking of the U.S. Army Center for Health Promotion and Preventive Medicine numbered programs resulting from our test of the ranking process. We reviewed these results to ascertain that the process produced a priority list that made sense and aligned with the organization's mission focus and key strategies.

Programs Weighted Ranking

Program Number	PROGRAM NAME	Averaged Total
35	READINESS PLANNING	14.0
21	PERSONAL READINESS	13.7
30	ARMY MEDICAL SURVEILLANCE ACTIVITY	12.9
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	12.3
41	HEALTH PROMOTION PROGRAM EVALUATION AND ASSESSMENT	12.0
69	HEALTH HAZARD ASSESSMENT	11.5
57	FIELD ENVIRONMENTAL HEALTH	10.9
53	OHMIS MANAGEMENT	10.9
46	HEALTH RISK APPRAISAL/CARDIOVASCULAR SCREENING	10.8
71	FIELD LABORATORY READINESS(TAML)	10.8
26	INFECTIOUS DISEASES	10.8
24	RADIO FREQUENCY/ULTRASOUND	10.6
25	LASER/OPTICAL RADIATION	10.6
36	DISASTER & DOMESTIC ASSISTANCE	10.5
29	INJURIES & OCCUPATIONAL ILLNESSES	10.4
42	AIR POLLUTION SOURCE MANAGEMENT	10.2
51	HEARING CONSERVATION	10.0
87	HEALTH EFFECTS RESEARCH	10.0
27	INDUSTRIAL HEALTH PHYSICS	10.0
34	DISEASE CONTROL & PREVENTION	9.9
39	HEALTH RISK ASSESSMENT AND RISK COMMUNICATION	9.9
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	9.8
43	AMBIENT AIR QUALITY MANAGEMENT	9.7
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	9.4
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	9.2
55	INDUSTRIAL HYGIENE FIELD SERVICES	9.2
85	TOXICITY EVALUATION	9.2
33	SEROEPIDEMIOLOGY	9.0
11	GRADUATE MEDICAL EDUCATION (RESIDENCY)	9.0
31	WATER SUPPLY MANAGEMENT	8.7
63	VISION CONSERVATION	8.7
22	COMMUNITY HEALTH SERVICES	8.6
16	PEST MANAGEMENT	8.5
65	OCCUPATIONAL HEALTH NURSING	8.5
28	MEDICAL HEALTH PHYSICS	8.4
59	INDUSTRIAL HYGIENE MANAGEMENT	8.0
32	SURFACE WATER AND WASTEWATER	8.0
73	METHOD DEVELOPMENT AND ANALYTICAL SCIENCES	7.9
38	GROUND WATER AND SOLID WASTE	7.7
84	DOD CHOLINESTERASE PROGRAM	7.6
66	DOCUMENT DEVELOPMENT	7.6
56	HEALTHCARE HAZARDS	7.3
52	ENVIRONMENTAL NOISE	7.1
77	ANALYTICAL CHEMISTRY	6.9
80	PESTICIDES AND ORGANIC CHEMISTRY	6.8
17	PESTICIDE MONITORING	6.8
79	RADIOISOTOPE ANALYSIS	6.5
72	LABORATORY OPERATIONS IMPROVEMENT	6.1
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	5.8

APPENDIX I

Results of Program Ranking by Leadership

This appendix shows the priority ranking that resulted from the U.S. Army Center for Health Promotion and Preventive Medicine leadership rating of numbered programs. The first table lists the programs and scores for each of the eight criteria, as well as the averaged total. The programs are listed in descending order of resource priority. The second table compares the priorities that result from varying the criteria that are used.

Weighted Program Ranking

Program Number	PROGRAM NAME	Health Impact	Preventive Service	Support to Soldier	Support USACHPPM as DoD Lead	Outsource	Demand	Cost Savings	Supplemental Funding	Averaged Total
	Weight	0.881	0.562	1	0.353	0.126	0.355	0.27	0.154	Total
51	HEARING CONSERVATION	3.7	2	4	1.5	0.6	1.6	1.1	0.2	14.6
26	INFECTIOUS DISEASES	4.1	2	3.7	1.1	0.6	1.7	1	0.2	14.3
69	HEALTH HAZARD ASSESSMENT	4.1	2	3.4	1.1	0.6	1.7	1.2	0.2	14.2
30	MEDICAL SURVEILLANCE ACTIVITY	3.9	1.8	3.8	1.4	0.4	1.7	0.7	0.2	14.1
21	PERSONAL READINESS	3.7	2.2	4	0.8	0.6	1.7	0.7	0.2	13.8
40	DEPLOYMENT AND ENVR MEDICINE	3.9	1.9	3.8	0.9	0.6	1.6	0.9	0.2	13.8
34	DIS CONTROL AND PREVENTION	4	2.3	3.9	0.7	0.5	1.4	0.7	0.2	13.8
29	INJURIES AND OCC ILLNESSES	3.8	1.9	3.5	1.3	0.6	1.5	1	0.2	13.7
46	HRA/CARDIOVASCULAR	3.5	2.2	3.7	1	0.6	1.6	0.8	0.2	13.5
41	HEALTH,FITNESS, AND PERF.	3.5	2.2	3.7	0.8	0.6	1.6	0.9	0.2	13.4
35	READINESS PLANNING	3.9	1.9	3.4	0.9	0.6	1.6	0.8	0.2	13.3
39	HEALTH RISK ASSESSMENT	3.6	1.6	1.9	1.5	0.6	1.7	1.1	0.7	12.7
63	VISION CONSERVATION	3.5	1.7	3	1.3	0.5	1.4	0.9	0.2	12.5
57	FIELD ENVIRONMENTAL HEALTH	3.8	1.9	2.9	0.8	0.6	1.6	0.4	0.2	12.3
25	LASER/OPTICAL RADIATION	3.6	1.6	2.9	1.1	0.5	1.5	0.8	0.2	12.2
31	WATER SUPPLY MANAGEMENT	3.7	1.9	2.7	0.8	0.6	1.6	0.6	0.4	12.2
71	FIELD LAB READINESS (TAML)	3.5	1.7	2.8	1	0.6	1.6	0.5	0.2	11.8
11	GRADUATE MED EDUC (RESIDENCY)	3.6	1.9	2.8	0.8	0.4	1.4	0.8	0.2	11.8
33	SEROEPIDEMIOLOGY	3.2	1.6	3.5	1.5	0.4	0.6	0.6	0.2	11.6
85	TOXICITY EVALUATION	3.3	1.7	2.5	1	0.5	1.5	0.7	0.5	11.5
22	COMMUNITY HEALTH SERVICES	3.5	2.2	2.1	0.8	0.6	1.6	0.6	0.2	11.5
55	INDUSTRIAL HYGIENE FIELD SVCS	3.6	1.8	2	1	0.4	1.6	0.7	0.4	11.4
16	PEST MANAGEMENT	3.5	1.7	1.8	1.4	0.6	1.4	0.5	0.4	11.4
36	DISASTER/DOMESTIC ASSISTANCE	3.4	1.5	2.4	0.8	0.5	1.6	0.6	0.2	11
37	HAZARDOUS AND MEDICAL WASTE	3	1.5	1.6	1.3	0.5	1.6	0.7	0.7	10.9
53	OHMIS MANAGEMENT	3.1	1.6	1.2	1.8	0.4	1.5	1.1	0.2	10.8
87	HEALTH EFFECTS RESEARCH	3	1.6	1.7	0.9	0.5	1.5	0.7	0.7	10.6
84	DOD CHOLINESTERASE PROGRAM	3	1.6	2.2	1.6	0.5	1.1	0.6	0.2	10.6
28	MEDICAL HEALTH PHYSICS	3	1.8	2.1	0.7	0.5	1.5	0.7	0.2	10.4
27	INDUSTRIAL HEALTH PHYSICS	2.8	1.7	1.6	0.8	0.5	1.5	0.7	0.7	10.4
64	OCCUPATIONAL AND ENVR MED	3.3	1.7	2.1	0.5	0.5	1.6	0.6	0.2	10.4
24	RADIO FREQUENCY/ULTRASOUND	2.7	1.6	2.3	0.8	0.6	1.5	0.5	0.2	10.2
86	TOXICOL PATH/ANIMAL CARE	2.8	1.6	2.4	0.9	0.4	1.3	0.6	0.2	10.2
17	PESTICIDE MONITORING	3.1	1.6	1.4	1.4	0.5	1.4	0.5	0.2	9.9
38	GROUND WATER AND SOLID WASTE	3.2	1.3	1	0.5	0.5	1.8	0.9	0.7	9.6
43	AMBIENT AIR QUALITY MGMT	2.9	1.5	1.1	0.6	0.5	1.5	0.7	0.6	9.4
42	AIR POLLUTION SOURCE MGMT	3.1	1.4	1.1	0.6	0.5	1.5	0.7	0.4	9.3
56	HEALTHCARE HAZARDS	3	1.7	1.5	0.7	0.5	1.1	0.7	0.2	9.3
79	RADIOISOTOPE ANALYSIS	2.5	1.4	2.1	0.6	0.4	1.4	0.5	0.2	9.2
32	SURFACE WATER AND WASTEWATER	2.9	1.5	1.1	0.5	0.4	1.4	0.7	0.7	9.1
52	ENVIRONMENTAL NOISE	2.5	1.5	1.2	1	0.4	1.6	0.7	0.3	9.1
65	OCCUPATIONAL HEALTH NURSING	3.1	1.7	1.1	0.7	0.5	1.2	0.6	0.2	9
59	INDUSTRIAL HYGIENE MGMT	2.6	1.6	1.1	1	0.5	1.5	0.4	0.3	9
80	PESTICIDES AND ORGANIC CHEM	2.6	1.4	1.6	0.6	0.4	1.4	0.5	0.2	8.8
77	ANALYTICAL CHEMISTRY	2.6	1.2	1.6	0.4	0.4	1.3	0.5	0.3	8.3
66	DOCUMENT DEVELOPMENT	2.5	1.4	1.8	0.4	0.3	1.1	0.4	0.2	8
82	MIL UNIQUE AND SPEC CHEMISTRY	2.3	1.3	1.2	0.7	0.5	1.3	0.4	0.2	7.9
73	METH DEV AND ANALYTIC SCIENCE	2.1	1.2	1.3	0.6	0.4	1.3	0.4	0.2	7.5
72	LAB OPNS IMPROVEMENT	2.2	1.3	1.2	0.4	0.4	1.1	0.4	0.2	7.2

Program Ranking Comparison Depending on Criteria

All Criteria		Top Four Criteria		Minus Top Two Criteria		Just Top Two Criteria	
Program Number	PROGRAM NAME	Program Number	PROGRAM NAME	Program Number	PROGRAM NAME	Program Number	PROGRAM NAME
51	HEARING CONSERVATION	21	PERSONAL READINESS	39	HEALTH RISK ASSESSMENT	34	DIS CONTROL AND PREVENTION
26	INFECTIOUS DISEASES	34	DIS CONTROL AND PREVENTION	51	HEARING CONSERVATION	26	INFECTIOUS DISEASES
69	HEALTH HAZARD ASSESSMENT	26	INFECTIOUS DISEASES	69	HEALTH HAZARD ASSESSMENT	30	MEDICAL SURVEILLANCE ACTIVITY
30	MEDICAL SURVEILLANCE ACTIVITY	30	MEDICAL SURVEILLANCE ACTIVITY	53	OHMIS MANAGEMENT	51	HEARING CONSERVATION
21	PERSONAL READINESS	51	HEARING CONSERVATION	26	INFECTIOUS DISEASES	40	DEPLOYMENT AND ENVR MEDICINE
40	DEPLOYMENT AND ENVR MEDICINE	40	DEPLOYMENT AND ENVR MEDICINE	29	INJURIES AND OCC ILLNESSES	21	PERSONAL READINESS
34	DIS CONTROL AND PREVENTION	69	HEALTH HAZARD ASSESSMENT	37	HAZARDOUS AND MEDICAL WASTE	69	HEALTH HAZARD ASSESSMENT
29	INJURIES AND OCC ILLNESSES	46	HRA/CARDIOVASCULAR	30	MEDICAL SURVEILLANCE ACTIVITY	35	READINESS PLANNING
46	HRA/CARDIOVASCULAR	41	HEALTH,FITNESS, AND PERF.	46	HRA/CARDIOVASCULAR	29	INJURIES AND OCC ILLNESSES
41	HEALTH,FITNESS, AND PERF.	35	READINESS PLANNING	41	HEALTH,FITNESS, AND PERF.	46	HRA/CARDIOVASCULAR
35	READINESS PLANNING	29	INJURIES AND OCC ILLNESSES	21	PERSONAL READINESS	41	HEALTH,FITNESS, AND PERF.
39	HEALTH RISK ASSESSMENT	57	FIELD ENVIRONMENTAL HEALTH	40	DEPLOYMENT AND ENVR MEDICINE	33	SEROEPIDEMIOLOGY
63	VISION CONSERVATION	31	WATER SUPPLY MANAGEMENT	16	PEST MANAGEMENT	57	FIELD ENVIRONMENTAL HEALTH
57	FIELD ENVIRONMENTAL HEALTH	11	GRADUATE MED EDUC (RESIDENCY)	63	VISION CONSERVATION	63	VISION CONSERVATION
25	LASER/OPTICAL RADIATION	63	VISION CONSERVATION	35	READINESS PLANNING	25	LASER/OPTICAL RADIATION
31	WATER SUPPLY MANAGEMENT	25	LASER/OPTICAL RADIATION	22	COMMUNITY HEALTH SERVICES	31	WATER SUPPLY MANAGEMENT
71	FIELD LAB READINESS (TAML)	71	FIELD LAB READINESS (TAML)	27	INDUSTRIAL HEALTH PHYSICS	11	GRADUATE MED EDUC (RESIDENCY)
11	GRADUATE MED EDUC (RESIDENCY)	22	COMMUNITY HEALTH SERVICES	87	HEALTH EFFECTS RESEARCH	71	FIELD LAB READINESS (TAML)
33	SEROEPIDEMIOLOGY	55	INDUSTRIAL HYGIENE FIELD SVCS	34	DIS CONTROL AND PREVENTION	36	DISASTER/DOMESTIC ASSISTANCE
85	TOXICITY EVALUATION	85	TOXICITY EVALUATION	55	INDUSTRIAL HYGIENE FIELD SVCS	85	TOXICITY EVALUATION
22	COMMUNITY HEALTH SERVICES	33	SEROEPIDEMIOLOGY	31	WATER SUPPLY MANAGEMENT	55	INDUSTRIAL HYGIENE FIELD SVCS
55	INDUSTRIAL HYGIENE FIELD SVCS	36	DISASTER/DOMESTIC ASSISTANCE	85	TOXICITY EVALUATION	39	HEALTH RISK ASSESSMENT
16	PEST MANAGEMENT	39	HEALTH RISK ASSESSMENT	25	LASER/OPTICAL RADIATION	22	COMMUNITY HEALTH SERVICES
36	DISASTER/DOMESTIC ASSISTANCE	64	OCCUPATIONAL AND ENVR MED	57	FIELD ENVIRONMENTAL HEALTH	64	OCCUPATIONAL AND ENVR MED
37	HAZARDOUS AND MEDICAL WASTE	16	PEST MANAGEMENT	71	FIELD LAB READINESS (TAML)	16	PEST MANAGEMENT
53	OHMIS MANAGEMENT	28	MEDICAL HEALTH PHYSICS	38	GROUND WATER AND SOLID WASTE	86	TOXICOL PATH/ANIMAL CARE
87	HEALTH EFFECTS RESEARCH	24	RADIO FREQUENCY/ULTRASOUND	84	DOD CHOLINESTERASE PROGRAM	84	DOD CHOLINESTERASE PROGRAM
84	DOD CHOLINESTERASE PROGRAM	86	TOXICOL PATH/ANIMAL CARE	52	ENVIRONMENTAL NOISE	28	MEDICAL HEALTH PHYSICS
28	MEDICAL HEALTH PHYSICS	87	HEALTH EFFECTS RESEARCH	11	GRADUATE MED EDUC (RESIDENCY)	24	RADIO FREQUENCY/ULTRASOUND
27	INDUSTRIAL HEALTH PHYSICS	84	DOD CHOLINESTERASE PROGRAM	17	PESTICIDE MONITORING	87	HEALTH EFFECTS RESEARCH
64	OCCUPATIONAL AND ENVR MED	37	HAZARDOUS AND MEDICAL WASTE	43	AMBIENT AIR QUALITY MGMT	79	RADIOISOTOPE ANALYSIS
24	RADIO FREQUENCY/ULTRASOUND	27	INDUSTRIAL HEALTH PHYSICS	28	MEDICAL HEALTH PHYSICS	37	HAZARDOUS AND MEDICAL WASTE
86	TOXICOL PATH/ANIMAL CARE	17	PESTICIDE MONITORING	59	INDUSTRIAL HYGIENE MGMT	17	PESTICIDE MONITORING
17	PESTICIDE MONITORING	79	RADIOISOTOPE ANALYSIS	36	DISASTER/DOMESTIC ASSISTANCE	27	INDUSTRIAL HEALTH PHYSICS
38	GROUND WATER AND SOLID WASTE	53	OHMIS MANAGEMENT	32	SURFACE WATER AND WASTEWATER	56	HEALTHCARE HAZARDS
43	AMBIENT AIR QUALITY MGMT	56	HEALTHCARE HAZARDS	42	AIR POLLUTION SOURCE MGMT	53	OHMIS MANAGEMENT
42	AIR POLLUTION SOURCE MGMT	65	OCCUPATIONAL HEALTH NURSING	24	RADIO FREQUENCY/ULTRASOUND	66	DOCUMENT DEVELOPMENT
56	HEALTHCARE HAZARDS	42	AIR POLLUTION SOURCE MGMT	86	TOXICOL PATH/ANIMAL CARE	80	PESTICIDES AND ORGANIC CHEM
79	RADIOISOTOPE ANALYSIS	80	PESTICIDES AND ORGANIC CHEM	64	OCCUPATIONAL AND ENVR MED	65	OCCUPATIONAL HEALTH NURSING
32	SURFACE WATER AND WASTEWATER	38	GROUND WATER AND SOLID WASTE	56	HEALTHCARE HAZARDS	77	ANALYTICAL CHEMISTRY

Program Ranking Comparison Depending on Criteria

All Criteria		Top Four Criteria		Minus Top Two Criteria		Just Top Two Criteria	
Program Number	PROGRAM NAME	Program Number	PROGRAM NAME	Program Number	PROGRAM NAME	Program Number	PROGRAM NAME
52	ENVIRONMENTAL NOISE	43	AMBIENT AIR QUALITY MGMT	33	SEROEPIDEMIOLOGY	42	AIR POLLUTION SOURCE MGMT
65	OCCUPATIONAL HEALTH NURSING	32	SURFACE WATER AND WASTEWATER	65	OCCUPATIONAL HEALTH NURSING	38	GROUND WATER AND SOLID WASTE
59	INDUSTRIAL HYGIENE MGMT	59	INDUSTRIAL HYGIENE MGMT	79	RADIOISOTOPE ANALYSIS	43	AMBIENT AIR QUALITY MGMT
80	PESTICIDES AND ORGANIC CHEM	77	ANALYTICAL CHEMISTRY	80	PESTICIDES AND ORGANIC CHEM	32	SURFACE WATER AND WASTEWATER
77	ANALYTICAL CHEMISTRY	66	DOCUMENT DEVELOPMENT	82	MIL UNIQUE AND SPEC CHEMISTRY	52	ENVIRONMENTAL NOISE
66	DOCUMENT DEVELOPMENT	52	ENVIRONMENTAL NOISE	73	METH DEV AND ANALYTIC SCIENCE	59	INDUSTRIAL HYGIENE MGMT
82	MIL UNIQUE AND SPEC CHEMISTRY	82	MIL UNIQUE AND SPEC CHEMISTRY	77	ANALYTICAL CHEMISTRY	82	MIL UNIQUE AND SPEC CHEMISTRY
73	METH DEV AND ANALYTIC SCIENCE	72	LAB OPNS IMPROVEMENT	66	DOCUMENT DEVELOPMENT	72	LAB OPNS IMPROVEMENT
72	LAB OPNS IMPROVEMENT	73	METH DEV AND ANALYTIC SCIENCE	72	LAB OPNS IMPROVEMENT	73	METH DEV AND ANALYTIC SCIENCE

APPENDIX J

Revised Products and Services

This appendix shows current original products and services, their recommended new designation, and revised product and service categories for the program.

Revised Products and Services

Prono	Program Name	PRODUCTS/SERVICES	RECOMMENDED DESIGNATION	REVISED PRODUCTS AND SERVICES
16	PEST MANAGEMENT	PESTICIDE TREATED PAPERS	Pesticide treated papers	Pesticide treated papers
16	PEST MANAGEMENT	DOCUMENTS	Document production/review	Document production/review
16	PEST MANAGEMENT	INPUT TO ECAS	Delete rate ECAS under AP	Training classes and materials
16	PEST MANAGEMENT	EDUCATION MATERIALS	development	Army program data management
16	PEST MANAGEMENT	EQUIPMENT CALIBRATION	Delete, not and external service	Pesticide resistance testing
16	PEST MANAGEMENT	PROGRAM DATA REPOSITORY	Army program data management	Field study
16	PEST MANAGEMENT	PESTICIDE RESISTANCE EVALUATION	Pesticide resistance testing	Desk-top consultation
16	PEST MANAGEMENT	INTEGRATED CONSULTATION	Field study	Arthropod ID/analysis
16	PEST MANAGEMENT	PROGRAM REVIEW	Field study	
16	PEST MANAGEMENT	QUICK RESPONSE STUDY	Field study	
16	PEST MANAGEMENT	REVIEW DOCUMENTS	Document production and review	
16	PEST MANAGEMENT	SPECIAL STUDIES	Field Study	
16	PEST MANAGEMENT	TICK ANALYSIS	Arthropod ID/analysis	
16	PEST MANAGEMENT	VECTOR-BORNE DISEASE RISK ASSESSMENT	Field study	
16	PEST MANAGEMENT	ON-SITE TRAINING OF PEST MGMNT PROGRAMS	development	
16	PEST MANAGEMENT	COCKROACH RESISTANCE TESTS	Pesticide resistance testing	
16	PEST MANAGEMENT	ASSISTANCE VISIT	Field study	
16	PEST MANAGEMENT	CONSULTATION	Desk-top consultations	
16	PEST MANAGEMENT	ARTHROPOD IDENTIFICATION	Arthropod ID/analysis	
16	PEST MANAGEMENT	PROFILE	Desk-top consultation	
21	PERSONAL READINESS	RISK INTERVENTION	Field study	Field study
21	PERSONAL READINESS	WORKSHOPS	Training classes and materials	Training classes and materials
21	PERSONAL READINESS	STANDARDIZED LESSON PLANS/BRIEFINGS	Training classes and materials	Deployment field services
21	PERSONAL READINESS	EXPORTABLE COURSES FOR USAR AND NG	Training classes and materials	Information sharing
21	PERSONAL READINESS	DEPLOYMENT SUPPORT	Deployment field services	Document development and review
21	PERSONAL READINESS	HEALTH CONSULTATIONS	Deployment field services	Army program database management
21	PERSONAL READINESS	HIV CERTIFICATION COURSE	Training classes and materials	
21	PERSONAL READINESS	REPORTS/NEWSLETTERS/ARTICLES/SURVEYS/MEDIA SPOTS	Information sharing	
21	PERSONAL READINESS	PREVENTIVE SCREENING	Field Study	
21	PERSONAL READINESS	POLICY & DOCTRINE RECOM.	Document development and review	
21	PERSONAL READINESS	LEADER DEVELOPMENT	Training classes and materials	
21	PERSONAL READINESS	INTEGRATION INTO ARMY SCHOOLS	Training classes and materials	
21	PERSONAL READINESS	DATABASE DIRECTORY SERVICES	Army program database management	
21	PERSONAL READINESS	INSTRUCTIONAL AIDS	Training classes and materials	

Revised Products and Services

Prono	Program Name	PRODUCTS/SERVICES	RECOMMENDED DESIGNATION	REVISED PRODUCTS AND SERVICES
21	PERSONAL READINESS	TRAIN THE TRAINER COURSES	Training classes and materials	
21	PERSONAL READINESS	HP COORDINATION CERTIFICATION	Training classes and materials	
21	PERSONAL READINESS	HP CONFERENCE	Training classes and materials	
21	PERSONAL READINESS	HEALTH MARKETING	Program communication efforts	
21	PERSONAL READINESS	CENTRALIZED HP RESOURCE CENTER	Not a product or service	
21	PERSONAL READINESS	SHARING OF HP MATERIALS	Information sharing	
27	IND HEALTH PHYSICS	HEALTH RISK ASSESSMENT	Rate with HRA in WDED	Document development/review
27	IND HEALTH PHYSICS	DOCUMENTATION REVIEW	Document development/review	Field study
27	IND HEALTH PHYSICS	INPUT TO ECAS	Rate with ECAS in APED	Desk-top consultations
27	IND HEALTH PHYSICS	HEALTH HAZARD ASSESSMENT	Rate with HHA program	
27	IND HEALTH PHYSICS	IG INSPECTIONS	Field study	
27	IND HEALTH PHYSICS	IR CONSULTATIONS	Field study	
27	IND HEALTH PHYSICS	IR STUDIES	Field study	
27	IND HEALTH PHYSICS	IR SURVEYS	Field study	
27	IND HEALTH PHYSICS	OPERATIONS SUPPORT	Field study	
27	IND HEALTH PHYSICS	IR AUDITS	Field study	
29	INJ. & OCC. ILLNESSES	TRACK RATES/TRENDS OF THREATS TO READINESS	Army program database management	Army program database management
29	INJ. & OCC. ILLNESSES	ID OF RISK FACTORS & CAUSES OF DISEASES	Field study	Field study
29	INJ. & OCC. ILLNESSES	ID OF INJURIES & OCC. DISEASES IMPACTING READINESS	Field study	Desk-top consultation
29	INJ. & OCC. ILLNESSES	FOCUSED SURV. FOR SPECIFIED INJURIES/DISEASES	Field study	Training classes/materials
29	INJ. & OCC. ILLNESSES	EXPERTISE/CONSULT ON INJURY/OCC. DIS. EPIDEM.	Desk-top consultation	Document development
31	WATER SUPPLY MGMNT	FIELD WATER SUPPORT	Field water supply survey	Field water supply survey
31	WATER SUPPLY MGMNT	HUMAN CONTACT WATER ASSISTANCE	Field Study	Field Study
31	WATER SUPPLY MGMNT	DOCUMENT ACTIONS	Document development/review	Document development/review
31	WATER SUPPLY MGMNT	DRINKING WATER MONITORING SUPPORT	Field study	
31	WATER SUPPLY MGMNT	DRINKING WATER SYSTEM SUPPORT	Field study	
31	WATER SUPPLY MGMNT	POLICY ACTIONS	Document development/review	
36	DIS. & DOM ASSISTANCE	ADVANCED TECHNICAL DEVELOPMENT	Document development/review	Document development/review
36	DIS. & DOM ASSISTANCE	TRAINING ON DISASTER AND DOMESTIC ASSISTANCE	Training classes and materials	Training classes and materials
36	DIS. & DOM ASSISTANCE	PREVENTIVE MEDICINE INFORMATION MANAGEMENT	Field PM Hotline	Field PM Hotline
36	DIS. & DOM ASSISTANCE	PREVENTIVE MEDICINE COORDINATION	Desk-top consultation	Desk-top consultation
36	DIS. & DOM ASSISTANCE	LIAISON SERVICES	Field study	Field study
36	DIS. & DOM ASSISTANCE	FUNCTIONAL SERVICES	Field study	Design review
36	DIS. & DOM ASSISTANCE	DOCUMENT DEVELOPMENT/REVIEW	Document development/review	

Revised Products and Services

Prono	Program Name	PRODUCTS/SERVICES	RECOMMENDED DESIGNATION	REVISED PRODUCTS AND SERVICES
36	DIS. & DOM ASSISTANCE	DESIGN AND REVIEW	Design review	
37	HAZ/MED WASTE MGMNT	P2 OPPORTUNITY ASSESSMENTS	Field study	Field study
37	HAZ/MED WASTE MGMNT	HAZARDOUS WASTE SPECIAL STUDY	Field study	MIDI
37	HAZ/MED WASTE MGMNT	SITE INVESTIGATIONS	Field study	Training classes and materials
37	HAZ/MED WASTE MGMNT	MIDI CD-ROM	MIDI	Desk-top consultations
37	HAZ/MED WASTE MGMNT	COMPLIANCE SURVEYS	Field study	Document development/review
37	HAZ/MED WASTE MGMNT	TRAINING WORKSHOPS/CONSULTATIONS	Training classes and materials	Information sharing
37	HAZ/MED WASTE MGMNT	HAZARDOUS AND MEDICAL WASTE CONSULTATIONS	Field study	
37	HAZ/MED WASTE MGMNT	TECHNOLOGY EVALUATION	Desk-top consultation	
37	HAZ/MED WASTE MGMNT	TECHNICAL GUIDE 126 - WASTE DISPOSAL INSTR.	Document development/review	
37	HAZ/MED WASTE MGMNT	TECHNICAL CONSULTATIVE HOTLINE SUPPORT	Desk-top consultation	
37	HAZ/MED WASTE MGMNT	RCS-1383 ASSISTANCE	Desk-top consultation	
37	HAZ/MED WASTE MGMNT	AUDIOVISUAL LENDING LIBRARY	Information sharing	
37	HAZ/MED WASTE MGMNT	MIDI BBS/INTERNET DATABASE	MIDI	
37	HAZ/MED WASTE MGMNT	CLRT CORRECTIVE ACTION PROGRAM	Field study	
41	HLTH, FITNESS, AND PERF.	PARTICIPATE IN SPECIAL HP & PREVENTION PROJECT EVAL.	Desk-top consultations	Desk-top consultations
41	HLTH, FITNESS, AND PERF.	EVAL. OF IMPACT OF HEALTH OF SOLDIERS UPON READINESS	Field study	Field study
41	HLTH, FITNESS, AND PERF.	ANNUAL RPT. ON LEADING FACTORS IMPACTING READINESS	Document development/review	Document development/review
41	HLTH, FITNESS, AND PERF.	EPIDEMIOLOGICAL CONSULTATION	Field study	Field study
46	HRA/ CARDIOV. SCRNING	HRA MAINTENANCE AND DISTRIBUTION	Desk-top consultation	Desk-top consultation
46	HRA/ CARDIOV. SCRNING	HRA USER TRAINING	Training classes and materials	Training classes and materials
46	HRA/ CARDIOV. SCRNING	HRA SOFTWARE DEVELOPMENT	HRA software development/mgmt	HRA software development/mgmt
46	HRA/ CARDIOV. SCRNING	HARDWARE/SOFTWARE CONFIGURATION MANAGEMENT	HRA software development/mgmt	Field study
46	HRA/ CARDIOV. SCRNING	DEVELOP REPORTS OF HRA CORPORATE DATABASE	Army HRA database management	Army HRA database management
46	HRA/ CARDIOV. SCRNING	DATA QUERIES OF HRA CORPORATE DATABASE	Army HRA database management	
46	HRA/ CARDIOV. SCRNING	CLINICAL NURSING CONSULTATION	Field study	
46	HRA/ CARDIOV. SCRNING	HRA TECHNICAL CUSTOMER SUPPORT (TROUBLESHOOTING)	Army HRA database management	
51	HEARING CONSERVATION	HEARS LIAISON VISITS	Field study	Field study
51	HEARING CONSERVATION	MANAGEMENT CONSULTATION	Field study	Training classes and materials
51	HEARING CONSERVATION	WORKSHOPS	Training classes and materials	Document development/review
51	HEARING CONSERVATION	NOISE ABATEMENT CONSULTATION	Field study	HEARS
51	HEARING CONSERVATION	ARTICLES/PAPERS	Document development/review	
51	HEARING CONSERVATION	DOCUMENT REVIEW AND PREPARATION	Document development/review	
51	HEARING CONSERVATION	HEARS DATA PROFILES	HEARS	

Revised Products and Services

Promo	Program Name	PRODUCTS/SERVICES	RECOMMENDED DESIGNATION	REVISED PRODUCTS AND SERVICES
51	HEARING CONSERVATION	SURVEYS	Field study	
51	HEARING CONSERVATION	HHA SUPPORT	Rate with HHA	
51	HEARING CONSERVATION	HEARS/OHMIS (FUNCTIONAL SUPPORT)	HEARS	
55	IND. HYGIENE FLD SVCS	ERGONOMIC SITE SURVEYS	Ergonomic study	Ergonomic study
55	IND. HYGIENE FLD SVCS	POLICY INPUT/DEVELOPMENT	Document development/review	Document development/review
55	IND. HYGIENE FLD SVCS	SURVEYS	Field study	Field study
55	IND. HYGIENE FLD SVCS	EQUIPMENT SUPPORT	Equipment calibration/support	Equipment calibration/support
55	IND. HYGIENE FLD SVCS	ERGONOMIC TRAINING	Training classes and materials	Training classes and materials
55	IND. HYGIENE FLD SVCS	ERGONOMIC PHONE CONSULTATIONS	Desk-top consultations	Desk-top consultations
55	IND. HYGIENE FLD SVCS	ERGONOMIC DOCUMENTS	Document development/review	
55	IND. HYGIENE FLD SVCS	EQUIPMENT/FACILITY DESIGN REVIEW	Facilities design review	
55	IND. HYGIENE FLD SVCS	DOCUMENT DEVELOPMENT AND REVIEW	Document development/review	
55	IND. HYGIENE FLD SVCS	CONSULTATIONS	Desk-top consultations	
59	IND. HYGIENE MGMNT	INDUSTRIAL HYGIENE TRAINING	Training classes and materials	Training classes and materials
59	IND. HYGIENE MGMNT	ASSISTANCE	Desk-top consultation	Desk-top consultation
59	IND. HYGIENE MGMNT	DOCUMENT DEVELOPMENT	Document development/review	Document development/review
59	IND. HYGIENE MGMNT	OHMIS MAINFRAME QA & REPORTS	HHIM	HHIM
59	IND. HYGIENE MGMNT	MEDCOM SUPPORT	Desk-top consultation	Desk-top consultation
59	IND. HYGIENE MGMNT	INTERNAL COMPUTER SUPPORT	not a product or service	HMIS
59	IND. HYGIENE MGMNT	MANAGEMENT TRAINING	Training classes and materials	Field study
59	IND. HYGIENE MGMNT	HHIM TRAINING & SUPPORT	Training classes and materials	IH Career Program management
59	IND. HYGIENE MGMNT	HHIM SOFTWARE DEVELOPMENT	HHIM	
59	IND. HYGIENE MGMNT	HHIM HARDWARE UPGRADE	HHIM	
59	IND. HYGIENE MGMNT	HAZARDOUS MATERIALS INFO. SYSTEM (HMIS)	HMIS	
59	IND. HYGIENE MGMNT	EXTERNAL PROGRAM SUPPORT	Field study	
59	IND. HYGIENE MGMNT	INDUSTRIAL HYGIENE CAREER PROGRAM	IH Career Program management	
64	OCC. AND ENVR. MED.	OCCUPATIONAL MEDICINE ADVANCED COURSE	Training classes and materials	Training classes and materials
64	OCC. AND ENVR. MED.	OHMIS SUPPORT	rated under OHMIS	Field study
64	OCC. AND ENVR. MED.	ONSITE CONSULTATIONS	Field study	Residency program
64	OCC. AND ENVR. MED.	RESIDENCY SUPPORT	Residency program	Document development/review
64	OCC. AND ENVR. MED.	LECTURES AND COURSES	Training classes and materials	Desk-top consultation
64	OCC. AND ENVR. MED.	HEALTH HAZARD ASSESSMENTS	rated under HHA	
64	OCC. AND ENVR. MED.	CHEMICAL SURETY SUPPORT	Desk-top consultation	
64	OCC. AND ENVR. MED.	EPIDEMIOLOGICAL REVIEWS AND INVESTIGATIONS	Field study	

Revised Products and Services

Prono	Program Name	PRODUCTS/SERVICES	RECOMMENDED DESIGNATION	REVISED PRODUCTS AND SERVICES
64	OCC. AND ENVR. MED.	DOCUMENT DEVELOPMENT AND REVIEWS	Document development/review	
64	OCC. AND ENVR. MED.	MATRIXED PROJECTS	Field study	
64	OCC. AND ENVR. MED.	PARTICIPATE IN PREPARATION & REVIEW OF HRAs	rated under HRA	
72	LAB OPNS IMPROVEMENT	ACCREDITATION & CERTIFICATION	Codb	Cholinesterase program
72	LAB OPNS IMPROVEMENT	ANALYTICAL CONTRACTS	codb	Document development/review
72	LAB OPNS IMPROVEMENT	CHOLINESTERASE PROGRAM	Cholinesterase program	Method development
72	LAB OPNS IMPROVEMENT	LIMS	unknown	Desk-top consultation
72	LAB OPNS IMPROVEMENT	QUALITY CONTROL INSERTIONS	codb	Sample analysis
72	LAB OPNS IMPROVEMENT	SAMPLE MANAGEMENT	codb	
77	ANALYT. CHEMISTRY	ADAPTATION	?	Document development/review
77	ANALYT. CHEMISTRY	HRA REVIEW	with HRA	Desk-top consultation
77	ANALYT. CHEMISTRY	DOCUMENT GENERATED/REVIEW	Document development/review	Sample analysis
77	ANALYT. CHEMISTRY	CONSULTATION	Desk-top consultation	
77	ANALYT. CHEMISTRY	CONTRACT LAB DATA REVIEW	codb	
77	ANALYT. CHEMISTRY	SAMPLE ANALYSIS	Sample analysis	
82	MIL.UNIQUE/SPEC CHEM.	HEALTH RISK ASSESSMENT DOCUMENT REVIEW	with HRA	Desk-top consultations
82	MIL.UNIQUE/SPEC CHEM.	CONSULTATION	Desk-top consultations	Method development
82	MIL.UNIQUE/SPEC CHEM.	METHOD DEVELOPMENT	Method development	Sample analysis
82	MIL.UNIQUE/SPEC CHEM.	CONTRACT DATA REVIEW	codb	Document development/review
82	MIL.UNIQUE/SPEC CHEM.	ANALYSIS	Sample analysis	
82	MIL.UNIQUE/SPEC CHEM.	DOCUMENT REVIEW & PREPARATION	Document development/review	
85	TOXICITY EVALUATION	DOCUMENT REVIEWS	Document development/review	Document development/review
85	TOXICITY EVALUATION	HHA SUPPORT	rank with HHA	Toxicological studies
85	TOXICITY EVALUATION	LABORATORY STUDIES	Toxicological studies	Toxicological clearance
85	TOXICITY EVALUATION	LITERATURE SEARCHES	codb or studies/ doc development	
85	TOXICITY EVALUATION	P8 FUNDING CONTRACTS	codb	
85	TOXICITY EVALUATION	REIMBURSABLE FUNDING CONTRACTS	codb	
85	TOXICITY EVALUATION	STANDARDS REVIEW	Document development	
85	TOXICITY EVALUATION	TOXICOLOGY CLEARANCES	Toxicological clearance	
85	TOXICITY EVALUATION	TOXICOLOGY PROFILES	Document development/review	

APPENDIX K

Instructions for Completing the Product and Service Ranking Questionnaire

Instructions for Completing the Product and Service Ranking Questionnaire

This work selection process involves rating program products and services according to eight criteria that are based on the USACHPPM mission focus and key strategies. The process has been developed to help USACHPPM make decisions on which products and services should continue to be performed. This will then lead to the reallocation of resources to the new directorates, which were mandated as a result of the Preventive Medicine reorganization, or to other directorates that have higher-priority programs.

The products and services being assessed are the external technical products and mission services. General and administrative products and services that are necessary because USACHPPM is a military organization will be assessed under separate business-related criteria.

This questionnaire is to be used in conjunction with the matrix spreadsheet, which lists the products and services down the side and the criteria measure questions across the top.

Each product and service is to be rated against each criterion individually. For each product and service, address the questions presented on the following pages. Put the value you feel is most appropriate for the item you are rating. The questionnaire explains the meaning of each value. (Note that the values are not always consecutive; this is by design.)

For example, question 1.a. asks you to rate the population impact of a product or service. An IH survey is performed at the installation level (a population of approximately 30,000), and this survey is performed approximately 10 times per year. Therefore, this survey affects about 300,000 people each year. The number you would put in the space provided would be 4, which corresponds to the range "100,001 — 1,000,000 people."

Please turn the page and answer the questions for each product and service. Please read each question carefully.

PRODUCT AND SERVICE QUESTIONS

1. **Health impact.** These questions address the health impact criterion and the products or services within this program that promote or maintain the health of individuals by mitigating health risk. We have chosen to define health risk in terms of both the size of the population affected and the severity of the impact. Therefore we pose two separate questions that will be averaged to avoid double counting this criterion in the final analysis.

a. What is the size of the population affected by this program's products or services? (First consider the population primarily affected by this program's products or services, then multiply this population by the average number of products or services provided per year. Select the answer that corresponds to the best estimate of the total population affected.)

(5) = More than 1,000,000 people.

(4) = More than one installation/division (100,001 – 1,000,000 people).

(3) = Installation/brigade (1,001 – 100,000 people).

(2) = Facility or buildings/companies or battalions (100 – 1,000 people).

(1) = Individuals/squads or platoons (less than 100 people).

b. What is the severity of the health impact if this program's products or services are not provided?

(5) = Permanent loss from work force (military mission DNBI resulting in evacuation or, in the noncombat sector, injury or illness resulting in disability).

(4) = Chronic disease resulting in long-term medical treatment and compensation costs.

(3) = Illness or injury resulting in lost work time.

(2) = Mild illness or injury resulting in reduced job performance.

(1) = Minimal health impact.

2. **Preventive service.** This question addresses whether a program's services or products are primarily preventive in nature, such that they proactively maintain or promote the health and wellness of personnel.

Are this program's products or services primarily preventive in nature?

(4) = Products and services clearly support health promotion and wellness.

(3) = Products or services primarily prevent problems from developing in the future.

(2) = Products or services respond to a crisis in which response actions prevent development of greater problems.

(1) = Products or services are not preventive but solve an existing problem.

3. **Support to soldier.** This question addresses whether a program's services or products primarily provide support to the combat soldier.

How do this program's products and services support Commanders in Chief and other Commanders in their performance of warfighting and other military operations?

(4) = They directly support the soldier (immunizations, masks, etc.).

(3) = They indirectly support the soldier [e.g., actions that provide tools for soldiers to use in their warfighting mission (TAML, weapon systems, development of technical guides, and training courses)].

(1) = They primarily support installation facilities (e.g., water treatment and industrial hygiene surveys).

4. **Lead agent.** This question addresses whether a program's services and products support USACHPPM as the DoD lead agent for health promotion and preventive medicine. DoD lead or executive agent is established for programs that apply to all services and are of sufficient scope to warrant DoD-level interest and leadership.

Do this program's products and services increase the visibility or influence of USACHPPM in health promotion and preventive medicine activities within DoD?

(4) = This program's primary products and services are ones for which USACHPPM is already the DoD lead or executive agent [HRA (DoD-ATSDR support) and OHMIS (OHMIS)].

(3) = This program's primary products and services are clearly superior or have no competition within the other services and are of sufficient scope to meet lead agent requirements [Tox Path (toxicity clearances) and HHA (HHA)].

(1) = This program's primary products and services are not Army-unique, nor of sufficient scope to meet DoD lead agent requirements, or are simply an integral part of the USACHPPM scientific base.

5. **Outsourcing.** This question addresses whether a program's primary existing products and services should continue to be provided by USACHPPM. Given the current environment, USACHPPM must make decisions on which program's specific products and services will be provided with in-house personnel to ensure the appropriate scientific base is maintained. Other DoD organizations, federal agencies, or profit and nonprofit commercial firms may more appropriately provide some of the products and services currently provided using in-house personnel, thereby focusing resources on higher-priority program products and services.

Should the USACHPPM continue to perform this program's primary services or deliver this program's primary products?

(5) = The program's primary products and services should be performed by USACHPPM with in-house personnel to maintain the USACHPPM scientific base.

(3) = The program's primary products and services should be performed by others with USACHPPM oversight.

(1) = The program's primary products and services should be performed by others with no USACHPPM oversight.

6. **Customer demand.** This question addresses whether a program's services or products have a strong customer demand or support.

What is the anticipated demand for this program's new primary products and services, or the known demand for this program's existing primary products and services?

(5) = The demand is greater than our current resources can support.

(3) = The demand can be supported by our current resources.

(1) = The demand is much less than our current resources.

7. **Magnitude of savings.** This question addresses the magnitude of the real or potential cost savings achieved by providing this program's primary products or services. Consider the following in making your estimates of cost savings: the cost of performing the services (salary, benefits, travel, equipment, report processing, analysis, etc.) versus the cost of others performing the services; the savings associated with avoiding future medical treatment and worker's compensation costs; cost savings associated with identification of less costly mitigation alternatives.

What are the estimated savings associated with this program's primary products and services?

(5) = Savings are greater than $10,000,000 per year.

(3) = Savings are $1,000,001 – $10,000,000 per year.

(2) = Savings are $100,000 – $1,000,000 per year.

(1) = Savings are less than $100,000 per year.

8. **Supplemental funding.** This question addresses the amount of supplemental funding obtained from sources outside USACHPPM by providing this program's primary services or products. (This refers to the program initially receiving the funding).

What are the external supplemental funds generated each year by providing this program's primary services or products?

(5) = External supplemental funds are greater than $1,000,000.

(3) = External supplemental funds are $500,001 – $1,000,000.

(2) = External supplemental funds are $200,000 – $500,000.

(1) = External supplemental funds are less than $200,000.

U.S. Army Center for Health Promotion and Preventive Medicine
Products and Services Rating Form

Prono	Program Name	PRODUCTS/SERVICES	Health 1	Health 2	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplemental Funding	TOTAL
11	GRADUATE MEDICAL EDUCATION (RESIDENCY)	OM PHYSICIANS										
16	PEST MANAGEMENT	PESTICIDE TREATED PAPERS										
16	PEST MANAGEMENT	DOCUMENTS										
16	PEST MANAGEMENT	INPUT TO ECAS										
16	PEST MANAGEMENT	EDUCATION MATERIALS										
16	PEST MANAGEMENT	EQUIPMENT CALIBRATION										
16	PEST MANAGEMENT	PROGRAM DATA REPOSITORY										
16	PEST MANAGEMENT	PESTICIDE RESISTANCE EVALUATION										
16	PEST MANAGEMENT	INTEGRATED CONSULTATION										
16	PEST MANAGEMENT	PROGRAM REVIEW										
16	PEST MANAGEMENT	QUICK RESPONSE STUDY										
16	PEST MANAGEMENT	REVIEW DOCUMENTS										
16	PEST MANAGEMENT	SPECIAL STUDIES										
16	PEST MANAGEMENT	TICK ANALYSIS										
16	PEST MANAGEMENT	VECTOR-BORNE DISEASE RISK ASSESSMENT										
16	PEST MANAGEMENT	PROGRAMS										
16	PEST MANAGEMENT	COCKROACH RESISTANCE TESTS										
16	PEST MANAGEMENT	ASSISTANCE VISIT										
16	PEST MANAGEMENT	CONSULTATION										
16	PEST MANAGEMENT	ARTHROPOD IDENTIFICATION										
16	PEST MANAGEMENT	PROFILE										
17	PESTICIDE MONITORING	HOTLINE (DoD PEST MANAGEMENT HOTLINE)										
17	PESTICIDE MONITORING	DOCUMENT REVIEW										
17	PESTICIDE MONITORING	ON-SITE CONSULTATION										
17	PESTICIDE MONITORING	TRAINING/EDUCATION										
17	PESTICIDE MONITORING	SPECIAL PROJECTS										
17	PESTICIDE MONITORING	DOCUMENT DEVELOPMENT										
21	PERSONAL READINESS	RISK INTERVENTION										
21	PERSONAL READINESS	WORKSHOPS										
21	PERSONAL READINESS	STANDARDIZED LESSON PLANS/BRIEFINGS										
21	PERSONAL READINESS	EXPORTABLE COURSES FOR USAR AND NG										
21	PERSONAL READINESS	DEPLOYMENT SUPPORT										
21	PERSONAL READINESS	HEALTH CONSULTATIONS										

U.S. Army Center for Health Promotion and Preventive Medicine
Products and Services Rating Form

Prono	Program Name	PRODUCTS/SERVICES	Health 1	Health 2	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplemental Funding	TOTAL
21	PERSONAL READINESS	HIV CERTIFICATION COURSE										
21	PERSONAL READINESS	SPOTS										
21	PERSONAL READINESS	PREVENTIVE SCREENING										
21	PERSONAL READINESS	POLICY & DOCTRINE RECOMMENDATION										
21	PERSONAL READINESS	LEADER DEVELOPMENT										
21	PERSONAL READINESS	INTEGRATION INTO ARMY SCHOOLS										
21	PERSONAL READINESS	DATABASE DIRECTORY SERVICES										
21	PERSONAL READINESS	INSTRUCTIONAL AIDS										
21	PERSONAL READINESS	TRAIN THE TRAINER COURSES										
21	PERSONAL READINESS	HP COORDINATION CERTIFICATION										
21	PERSONAL READINESS	HP CONFERENCE										
21	PERSONAL READINESS	HEALTH MARKETING										
21	PERSONAL READINESS	CENTRALIZED HP RESOURCE CENTER										
21	PERSONAL READINESS	MATERIALS										
22	COMMUNITY HEALTH SERVICES	PREVENTIVE SCREENING										
22	COMMUNITY HEALTH SERVICES	EXPORTABLE COURSES FOR USAR AND NG										
22	COMMUNITY HEALTH SERVICES	DEPLOYMENT SUPPORT										
22	COMMUNITY HEALTH SERVICES	DATABASE DIRECTORY SERVICES										
22	COMMUNITY HEALTH SERVICES	COMMUNITY OUTREACH SERVICES										
22	COMMUNITY HEALTH SERVICES	MATERIALS										
22	COMMUNITY HEALTH SERVICES	HEALTH MARKETING										
22	COMMUNITY HEALTH SERVICES	HIV CERTIFICATION COURSE										
22	COMMUNITY HEALTH SERVICES	INSTRUCTIONAL AIDS										
22	COMMUNITY HEALTH SERVICES	INTEGRATION INTO ARMY SCHOOLS										
22	COMMUNITY HEALTH SERVICES	HEALTH CONSULTATIONS										
22	COMMUNITY HEALTH SERVICES	POLICY & DOCTRINE RECOMMENDATION										
22	COMMUNITY HEALTH SERVICES	SPOTS										
22	COMMUNITY HEALTH SERVICES	RISK INTERVENTION										
22	COMMUNITY HEALTH SERVICES	STANDARDIZED LESSON PLANS/BRIEFINGS										
22	COMMUNITY HEALTH SERVICES	TRAIN THE TRAINER COURSES										
22	COMMUNITY HEALTH SERVICES	WORKSHOPS										
22	COMMUNITY HEALTH SERVICES	CENTRALIZED HP RESOURCE CENTER										
22	COMMUNITY HEALTH SERVICES	LEADER DEVELOPMENT										

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Products and Services Rating Form

Prono	Program Name	PRODUCTS/SERVICES	Health 1	Health 2	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplemental Funding	TOTAL
24	RADIO FREQUENCY/ULTRASOUND	EQUIPMENT STUDY										
24	RADIO FREQUENCY/ULTRASOUND	CONSULTATIONS										
24	RADIO FREQUENCY/ULTRASOUND	SURVEY										
24	RADIO FREQUENCY/ULTRASOUND	SITE/INSTALLATION STUDY										
24	RADIO FREQUENCY/ULTRASOUND	TRAINING										
26	INFECTIOUS DISEASES	BASIC TRAINING POSTS										
26	INFECTIOUS DISEASES	IMPACTING READINESS										
26	INFECTIOUS DISEASES	ANNUAL REPORT										
26	INFECTIOUS DISEASES	EPIDEMIOLOGY CONSULTATION										
26	INFECTIOUS DISEASES	DISEASES										
26	INFECTIOUS DISEASES	MONITOR VACCINE EFFICACY										
27	INDUSTRIAL HEALTH PHYSICS	HEALTH RISK ASSESSMENT										
27	INDUSTRIAL HEALTH PHYSICS	DOCUMENTATION REVIEW										
27	INDUSTRIAL HEALTH PHYSICS	INPUT TO ECAS										
27	INDUSTRIAL HEALTH PHYSICS	HEALTH HAZARD ASSESSMENT										
27	INDUSTRIAL HEALTH PHYSICS	IG INSPECTIONS										
27	INDUSTRIAL HEALTH PHYSICS	IR CONSULTATIONS										
27	INDUSTRIAL HEALTH PHYSICS	IR STUDIES										
27	INDUSTRIAL HEALTH PHYSICS	IR SURVEYS										
27	INDUSTRIAL HEALTH PHYSICS	OPERATIONS SUPPORT										
27	INDUSTRIAL HEALTH PHYSICS	IR AUDITS										
28	MEDICAL HEALTH PHYSICS	DOSIMETRY ASSESSMENTS										
28	MEDICAL HEALTH PHYSICS	RADIOLOGICAL CONSULT SITE VISIT										
28	MEDICAL HEALTH PHYSICS	RADIOGRAPHIC FLUOROSCOPIC X-RAY SURVEY										
28	MEDICAL HEALTH PHYSICS	OPERATIONS SUPPORT										
28	MEDICAL HEALTH PHYSICS	MAMMOGRAPHY SURVEY										
28	MEDICAL HEALTH PHYSICS	HEALTH FACILITY & RADIOLOGICAL REVIEW										
28	MEDICAL HEALTH PHYSICS	NEW ARMY REGULATIONS										
28	MEDICAL HEALTH PHYSICS	CT SURVEY										
28	MEDICAL HEALTH PHYSICS	CT ACCEPTANCE TEST										
28	MEDICAL HEALTH PHYSICS	HHA/HRA										
29	INJURIES & OCCUPATIONAL ILLNESSES	TRACK RATES/TRENDS OF THREATS TO READINESS										
29	INJURIES & OCCUPATIONAL ILLNESSES	DISEASES										

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Products and Services Rating Form

Prono	Program Name	PRODUCTS/SERVICES	Health 1	Health 2	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplementa l Funding	TOTAL
29	INJURIES & OCCUPATIONAL ILLNESSES	IMPACTING READINESS										
29	INJURIES & OCCUPATIONAL ILLNESSES	AND DISEASES										
29	INJURIES & OCCUPATIONAL ILLNESSES	DISEASE EPIDEMIOLOGY										
31	WATER SUPPLY MANAGEMENT	FIELD WATER SUPPORT										
31	WATER SUPPLY MANAGEMENT	HUMAN CONTACT WATER ASSISTANCE										
31	WATER SUPPLY MANAGEMENT	DOCUMENT ACTIONS										
31	WATER SUPPLY MANAGEMENT	DRINKING WATER MONITORING SUPPORT										
31	WATER SUPPLY MANAGEMENT	DRINKING WATER SYSTEM SUPPORT										
31	WATER SUPPLY MANAGEMENT	POLICY ACTIONS										
32	SURFACE WATER AND WASTEWATER	NON-POINT SOURCE POLLUTION										
32	SURFACE WATER AND WASTEWATER	DOCUMENT REVIEWS										
32	SURFACE WATER AND WASTEWATER	AUDITS										
32	SURFACE WATER AND WASTEWATER	COMPLIANCE										
32	SURFACE WATER AND WASTEWATER	OIL & HAZARDOUS MATERIALS										
32	SURFACE WATER AND WASTEWATER	RECEIVING WATER IMPACT										
32	SURFACE WATER AND WASTEWATER	STORMWATER										
32	SURFACE WATER AND WASTEWATER	TOXICITY										
32	SURFACE WATER AND WASTEWATER	POLLUTION PREVENTION										
32	SURFACE WATER AND WASTEWATER	SLUDGE MANAGEMENT										
34	DISEASE CONTROL & PREVENTION	QUICK RESPONSE CONSULTATIONS										
34	DISEASE CONTROL & PREVENTION	SUPPORT HHA/HRA, ETC										
34	DISEASE CONTROL & PREVENTION	AND PREVENTION										
34	DISEASE CONTROL & PREVENTION	POLICY REVIEW										
34	DISEASE CONTROL & PREVENTION	EDUCATION										
35	READINESS PLANNING	DOCUMENT REVIEW										
35	READINESS PLANNING	ANALYZE PRACTICES										
35	READINESS PLANNING	MARKETING READINESS PLANNING										
35	READINESS PLANNING	DEVELOP GUIDANCE										
35	READINESS PLANNING	OTHER MISSION										
36	DISASTER & DOMESTIC ASSISTANCE	ADVANCED TECHNICAL DEVELOPMENT										
36	DISASTER & DOMESTIC ASSISTANCE	TRAINING ON DISASTER AND DOMESTIC ASSISTANCE										
36	DISASTER & DOMESTIC ASSISTANCE	MANAGEMENT										
36	DISASTER & DOMESTIC ASSISTANCE	PREVENTIVE MEDICINE COORDINATION										

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Products and Services Rating Form

Prono	Program Name	PRODUCTS/SERVICES	Health 1	Health 2	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplemental Funding	TOTAL
36	DISASTER & DOMESTIC ASSISTANCE	LIAISON SERVICES										
36	DISASTER & DOMESTIC ASSISTANCE	FUNCTIONAL SERVICES										
36	DISASTER & DOMESTIC ASSISTANCE	DOCUMENT DEVELOPMENT/REVIEW										
36	DISASTER & DOMESTIC ASSISTANCE	DESIGN AND REVIEW										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	ASSESSMENTS										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	HAZARDOUS WASTE SPECIAL STUDY										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	SITE INVESTIGATIONS										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	MIDI CD-ROM										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	COMPLIANCE SURVEYS										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	TRAINING WORKSHOPS/CONSULTATIONS										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	CONSULTATIONS										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	TECHNOLOGY EVALUATION										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	INSTRUCTIONS										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	TECHNICAL CONSULTATIVE HOTLINE SUPPORT										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	RCS-1383 ASSISTANCE										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	AUDIOVISUAL LENDING LIBRARY										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	MIDI BBS/INTERNET DATABASE										
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	CLRT CORRECTIVE ACTION PROGRAM										
38	GROUND WATER AND SOLID WASTE	POTENTIAL SOURCE SURVEYS										
38	GROUND WATER AND SOLID WASTE	SOLID WASTE SURVEYS & CONSULTATIONS										
38	GROUND WATER AND SOLID WASTE	ASSISTANCE										
38	GROUND WATER AND SOLID WASTE	GEOHYDROLOGIC STUDIES										
38	GROUND WATER AND SOLID WASTE	ENVIRONMENTAL COMPLIANCE ASSESSMENT										
38	GROUND WATER AND SOLID WASTE	DOCUMENT REVIEWS (HRA AND ECAS)										
41	HEALTH, FITNESS, AND PERFORMANCE	PROJECT EVALS										
41	HEALTH, FITNESS, AND PERFORMANCE	UPON READINESS										
41	HEALTH, FITNESS, AND PERFORMANCE	READINESS										
41	HEALTH, FITNESS, AND PERFORMANCE	EPIDEMIOLOGICAL CONSULTATION										
42	AIR POLLUTION SOURCE MANAGEMENT	RCRA TRIAL BURNS										
42	AIR POLLUTION SOURCE MANAGEMENT	TOXIC RELEASE INVENTORIES										
42	AIR POLLUTION SOURCE MANAGEMENT	TECHNICAL CONSULTATION										
42	AIR POLLUTION SOURCE MANAGEMENT	SOURCE ASSESSMENTS										
42	AIR POLLUTION SOURCE MANAGEMENT	RCRA TB TEST PLANS										

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Products and Services Rating Form

Prono	Program Name	PRODUCTS/SERVICES	Health 1	Health 2	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplemental Funding	TOTAL
42	AIR POLLUTION SOURCE MANAGEMENT	POLLUTION PREVENTION										
42	AIR POLLUTION SOURCE MANAGEMENT	HEALTH RISK ASSESSMENT										
42	AIR POLLUTION SOURCE MANAGEMENT	TRAINING										
42	AIR POLLUTION SOURCE MANAGEMENT	DOCUMENT REVIEW										
43	AMBIENT AIR QUALITY MANAGEMENT	HEALTH RISK ASSESSMENTS										
43	AMBIENT AIR QUALITY MANAGEMENT	SAMPLING AND ANALYSIS										
43	AMBIENT AIR QUALITY MANAGEMENT	DERA DOCUMENT REVIEWS										
43	AMBIENT AIR QUALITY MANAGEMENT	CONDUCT TRAINING										
43	AMBIENT AIR QUALITY MANAGEMENT	AIR POLLUTION DISPERSION MODELING										
43	AMBIENT AIR QUALITY MANAGEMENT	TECHNICAL CONSULTATION										
43	AMBIENT AIR QUALITY MANAGEMENT	ENVIRONMENTAL AUDITS										
46	SCREENING	HRA MAINTENANCE AND DISTRIBUTION										
46	SCREENING	HRA USER TRAINING										
46	SCREENING	HRA SOFTWARE DEVELOPMENT										
46	SCREENING	MANAGEMENT										
46	SCREENING	DEVELOP REPORTS OF HRA CORPORATE DATABASE										
46	SCREENING	DATA QUERIES OF HRA CORPORATE DATABASE										
46	SCREENING	CLINICAL NURSING CONSULTATION										
46	SCREENING	(TROUBLESHOOTING)										
51	HEARING CONSERVATION	HEARS LIAISON VISITS										
51	HEARING CONSERVATION	MANAGEMENT CONSULTATION										
51	HEARING CONSERVATION	WORKSHOPS										
51	HEARING CONSERVATION	NOISE ABATEMENT CONSULTATION										
51	HEARING CONSERVATION	ARTICLES/PAPERS										
51	HEARING CONSERVATION	DOCUMENT REVIEW AND PREPARATION										
51	HEARING CONSERVATION	HEARS DATA PROFILES										
51	HEARING CONSERVATION	SURVEYS										
51	HEARING CONSERVATION	HHA SUPPORT										
51	HEARING CONSERVATION	HEARS/OHMIS (FUNCTIONAL SUPPORT)										
52	ENVIRONMENTAL NOISE	TESTIMONY										
52	ENVIRONMENTAL NOISE	TRAINING										
52	ENVIRONMENTAL NOISE	MONITORING										
52	ENVIRONMENTAL NOISE	CONTOURING										

U.S. Army Center for Health Promotion and Preventive Medicine
Products and Services Rating Form

Prono	Program Name	PRODUCTS/SERVICES	Health 1	Health 2	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplemental Funding	TOTAL
52	ENVIRONMENTAL NOISE	INPUT TO ECAS SUPPORT										
52	ENVIRONMENTAL NOISE	SCIENTIFIC										
53	OHMIS MANAGEMENT	SOFTWARE DEVELOPMENT										
53	OHMIS MANAGEMENT	HARDWARE/SOFTWARE DEPLOYMENT										
53	OHMIS MANAGEMENT	INFORMATION ANALYSIS										
53	OHMIS MANAGEMENT	HARDWARE/SOFTWARE ANALYSIS										
53	OHMIS MANAGEMENT	HARDWARE/SOFTWARE ACQUISITION										
53	OHMIS MANAGEMENT	CUSTOMER TRAINING										
53	OHMIS MANAGEMENT	CUSTOMER SUPPORT										
53	OHMIS MANAGEMENT	CONTRACT ADMINISTRATION										
53	OHMIS MANAGEMENT	HARDWARE/SOFTWARE ADMINISTRATION										
53	OHMIS MANAGEMENT	PROJECT MANAGEMENT										
55	INDUSTRIAL HYGIENE FIELD SERVICES	ERGONOMIC SITE SURVEYS										
55	INDUSTRIAL HYGIENE FIELD SERVICES	POLICY INPUT/DEVELOPMENT										
55	INDUSTRIAL HYGIENE FIELD SERVICES	SURVEYS										
55	INDUSTRIAL HYGIENE FIELD SERVICES	EQUIPMENT SUPPORT										
55	INDUSTRIAL HYGIENE FIELD SERVICES	ERGONOMIC TRAINING										
55	INDUSTRIAL HYGIENE FIELD SERVICES	ERGONOMIC PHONE CONSULTATIONS										
55	INDUSTRIAL HYGIENE FIELD SERVICES	ERGONOMIC DOCUMENTS										
55	INDUSTRIAL HYGIENE FIELD SERVICES	EQUIPMENT/FACILITY DESIGN REVIEW										
55	INDUSTRIAL HYGIENE FIELD SERVICES	DOCUMENT DEVELOPMENT AND REVIEW										
55	INDUSTRIAL HYGIENE FIELD SERVICES	CONSULTATIONS										
56	HEALTHCARE HAZARDS	HEALTHCARE SYSTEMS SAFETY										
56	HEALTHCARE HAZARDS	SUPPORT TO MEDCOM SAFETY PROGRAMS										
56	HEALTHCARE HAZARDS	SAFETY AND OCCUPATIONAL HEALTH TRAINING										
56	HEALTHCARE HAZARDS	DOCUMENT AND DEVELOPMENT REVIEW										
56	HEALTHCARE HAZARDS	DESIGN REVIEWS										
56	HEALTHCARE HAZARDS	SAFETY AND HEALTH CONSULTS										
56	HEALTHCARE HAZARDS	JCAHO ASSISTANCE VISITS (PRE AND POST)										
57	FIELD ENVIRONMENTAL HEALTH	DOCUMENT REVIEW										
57	FIELD ENVIRONMENTAL HEALTH	HHA SUPPORT										
57	FIELD ENVIRONMENTAL HEALTH	FOOD SERVICE SANITATION TRAINING										
57	FIELD ENVIRONMENTAL HEALTH	FIELD SANITATION TEAM TRAINING										

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Prono	Program Name	PRODUCTS/SERVICES	Health 1	Health 2	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplemental Funding	TOTAL
57	FIELD ENVIRONMENTAL HEALTH	ESO ASSISTANCE VISITS										
57	FIELD ENVIRONMENTAL HEALTH	EQUIPMENT REVIEW										
57	FIELD ENVIRONMENTAL HEALTH	DOCUMENT DEVELOPMENT										
57	FIELD ENVIRONMENTAL HEALTH	PREVENTIVE MEDICINE ASSESSMENTS										
57	FIELD ENVIRONMENTAL HEALTH	DESIGN REVIEW/PRE-OCCUPANCY										
57	FIELD ENVIRONMENTAL HEALTH	CONSULTATIONS										
57	FIELD ENVIRONMENTAL HEALTH	AIMS										
59	INDUSTRIAL HYGIENE MANAGEMENT	INDUSTRIAL HYGIENE TRAINING										
59	INDUSTRIAL HYGIENE MANAGEMENT	ASSISTANCE										
59	INDUSTRIAL HYGIENE MANAGEMENT	DOCUMENT DEVELOPMENT										
59	INDUSTRIAL HYGIENE MANAGEMENT	OHMIS MAINFRAME QA & REPORTS										
59	INDUSTRIAL HYGIENE MANAGEMENT	MEDCOM SUPPORT										
59	INDUSTRIAL HYGIENE MANAGEMENT	INTERNAL COMPUTER SUPPORT										
59	INDUSTRIAL HYGIENE MANAGEMENT	MANAGEMENT TRAINING										
59	INDUSTRIAL HYGIENE MANAGEMENT	HHIM TRAINING & SUPPORT										
59	INDUSTRIAL HYGIENE MANAGEMENT	HHIM SOFTWARE DEVELOPMENT										
59	INDUSTRIAL HYGIENE MANAGEMENT	HHIM HARDWARE UPGRADE										
59	INDUSTRIAL HYGIENE MANAGEMENT	(HMIS)										
59	INDUSTRIAL HYGIENE MANAGEMENT	EXTERNAL PROGRAM SUPPORT										
59	INDUSTRIAL HYGIENE MANAGEMENT	INDUSTRIAL HYGIENE CAREER PROGRAM										
63	VISION CONSERVATION	EYE INJURY REPORTING SYSTEM (EIRS)										
63	VISION CONSERVATION	TB MED 506, OCCUPATIONAL VISION										
63	VISION CONSERVATION	SYMPOSIUM										
63	VISION CONSERVATION	OFFICER COURSE										
63	VISION CONSERVATION	BASIC COURSE										
63	VISION CONSERVATION	TECHNICAL CONSULTATIONS (GENERAL)										
63	VISION CONSERVATION	SURVEYS										
63	VISION CONSERVATION	OHMIS VISION MODULE										
63	VISION CONSERVATION	DOD VISION INFORMATION SYSTEM (DVIS)										
63	VISION CONSERVATION	DA PAM, 40-506, VISION CONSERVATION										
63	VISION CONSERVATION	ASSISTANCE VISITS										
63	VISION CONSERVATION	EVALUATION STUDY										
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	OCCUPATIONAL MEDICINE ADVANCED COURSE										

U.S. Army Center for Health Promotion and Preventive Medicine
Products and Services Rating Form

Prono	Program Name	PRODUCTS/SERVICES	Health 1	Health 2	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplemental Funding	TOTAL
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	OHMIS SUPPORT										
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	ONSITE CONSULTATIONS										
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	RESIDENCY SUPPORT										
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	LECTURES AND COURSES										
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	HEALTH HAZARD ASSESSMENTS										
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	CHEMICAL SURETY SUPPORT										
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	EPIDEMIOLOGICAL REVIEWS AND INVESTIGATIONS										
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	DOCUMENT DEVELOPMENT AND REVIEWS										
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	MATRIXED PROJECTS										
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	HEALTH RISK ASSESSMENTS										
65	OCCUPATIONAL HEALTH NURSING	PROGRAM CONSULTATIONS										
65	OCCUPATIONAL HEALTH NURSING	SPIROMETRY TRAINING COURSE										
65	OCCUPATIONAL HEALTH NURSING	OHN CERTIFICATION REVIEW MATERIALS										
65	OCCUPATIONAL HEALTH NURSING	REGIONAL SYMPOSIUM										
65	OCCUPATIONAL HEALTH NURSING	PROGRAM ADMINISTRATION GUIDANCE										
65	OCCUPATIONAL HEALTH NURSING	COURSE (BASIC) CORRESPONDENCE										
65	OCCUPATIONAL HEALTH NURSING	MEDICAL INFORMATION MODULE (MIM)										
65	OCCUPATIONAL HEALTH NURSING	DEVELOPMENT OF OHN ACTED'S PLAN										
65	OCCUPATIONAL HEALTH NURSING	TRAINING AND EDUCATION										
66	DOCUMENT DEVELOPMENT	DOCUMENT DEVELOPMENT SERVICES										
66	DOCUMENT DEVELOPMENT	PRINTED MATERIAL PRODUCTS										
72	LABORATORY OPERATIONS IMPROVEMENT	ACCREDITATION & CERTIFICATION										
72	LABORATORY OPERATIONS IMPROVEMENT	ANALYTICAL CONTRACTS										
72	LABORATORY OPERATIONS IMPROVEMENT	CHOLINESTERASE PROGRAM										
72	LABORATORY OPERATIONS IMPROVEMENT	LIMS										
72	LABORATORY OPERATIONS IMPROVEMENT	QUALITY CONTROL INSERTIONS										
72	LABORATORY OPERATIONS IMPROVEMENT	SAMPLE MANAGEMENT										
73	SCIENCES	DOCUMENT REVIEW										
73	SCIENCES	METHOD DEVELOPMENT/IMPLEMENTATION										
73	SCIENCES	SAMPLE PREPARATION										
73	SCIENCES	TECHNICAL CONSULTATION										
77	ANALYTICAL CHEMISTRY	ADAPTATION										
77	ANALYTICAL CHEMISTRY	HRA REVIEW										

U.S. Army Center for Health Promotion and Preventive Medicine
Products and Services Rating Form

Prono	Program Name	PRODUCTS/SERVICES	Health 1	Health 2	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplemental Funding	TOTAL
77	ANALYTICAL CHEMISTRY	DOCUMENT GENERATED/REVIEW										
77	ANALYTICAL CHEMISTRY	CONSULTATION										
77	ANALYTICAL CHEMISTRY	CONTRACT LAB DATA REVIEW										
77	ANALYTICAL CHEMISTRY	SAMPLE ANALYSIS										
79	RADIOISOTOPE ANALYSIS	CONSULTATION										
79	RADIOISOTOPE ANALYSIS	CONTRACT LAB ANALYSIS										
79	RADIOISOTOPE ANALYSIS	DOCUMENT GENERATION/REVIEW										
79	RADIOISOTOPE ANALYSIS	HRA REVIEW										
79	RADIOISOTOPE ANALYSIS	PROGRAM										
79	RADIOISOTOPE ANALYSIS	PRIORITY PROJECTS										
79	RADIOISOTOPE ANALYSIS	SAMPLE ANALYSIS										
80	PESTICIDES AND ORGANIC CHEMISTRY	ANALYSIS										
80	PESTICIDES AND ORGANIC CHEMISTRY	METHODS DEVELOPMENT										
80	PESTICIDES AND ORGANIC CHEMISTRY	HEALTH RISK ASSESSMENT DOCUMENT REVIEWS										
80	PESTICIDES AND ORGANIC CHEMISTRY	DOCUMENT REVIEW & PREPARATION										
80	PESTICIDES AND ORGANIC CHEMISTRY	CONSULTATIONS										
80	PESTICIDES AND ORGANIC CHEMISTRY	CONTRACT DATA REVIEW										
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	HEALTH RISK ASSESSMENT DOCUMENT REVIEW										
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	CONSULTATION										
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	METHOD DEVELOPMENT										
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	CONTRACT DATA REVIEW										
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	ANALYSIS										
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	DOCUMENT REVIEW & PREPARATION										
85	TOXICITY EVALUATION	DOCUMENT REVIEWS										
85	TOXICITY EVALUATION	HHA SUPPORT										
85	TOXICITY EVALUATION	LABORATORY STUDIES										
85	TOXICITY EVALUATION	LITERATURE SEARCHES										
85	TOXICITY EVALUATION	P8 FUNDING CONTRACTS										
85	TOXICITY EVALUATION	REIMBURSABLE FUNDING CONTRACTS										
85	TOXICITY EVALUATION	STANDARDS REVIEW										
85	TOXICITY EVALUATION	TOXICOLOGY CLEARANCES										
85	TOXICITY EVALUATION	TOXICOLOGY PROFILES										
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	LABORATORY ANIMAL CARE										

U.S. Army Center for Health Promotion and Preventive Medicine
Products and Services Rating Form

Prono	Program Name	PRODUCTS/SERVICES	Health 1	Health 2	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplemental Funding	TOTAL
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	ACCREDIATIONS & CERTIFICATION										
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	PROFILES										
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	CLINICAL PATHOLOGY										
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	CONTRACTS										
86	TOXICOLOGICAL PATHOLOGY & LAB ANIMAL CARE	GROSS HISTOPATHOLOGY										
87	HEALTH EFFECTS RESEARCH	CONSULTATIONS										
87	HEALTH EFFECTS RESEARCH	FIELD ENVIRONMENTAL HEALTH STUDIES										
87	HEALTH EFFECTS RESEARCH	HEALTH RISK REVIEWS										
87	HEALTH EFFECTS RESEARCH	LABORATORY RESEARCH										
87	HEALTH EFFECTS RESEARCH	PUBLIC MEETING SUPPORT										
ALL	ALL	TELEPHONE CONSULTATIONS										
ALL	ALL	USACHPPM PATS AND COMMITTEES										
ALL	ALL	TECHNICAL AND PEER REVIEWED PUBLICATIONS										
ALL	ALL	SPECIAL CONSULTATIONS/SERVICES										
ALL	ALL	PROVIDE TECHNICAL ASSISTANCE/EXPERTISE										
ALL	ALL	PROFESSIONAL DEVELOPMENT TRAINING/TRAVEL										
ALL	ALL	PROFESSIONAL COMMITTEE REPRESENTATION										
ALL	ALL	INDIRECT PROGRAM MANAGEMENT										
ALL	ALL	DESKTOP CONSULTATIONS										
25	LASER/OPTICAL RADIATION	STUDIES										
25	LASER/OPTICAL RADIATION	CONSULTATIONS										
25	LASER/OPTICAL RADIATION	TRAINING										
25	LASER/OPTICAL RADIATION	SURVEY										
39	COMMUNICATION											
30	ARMY MEDICAL SURVEILLANCE ACTIVITY											
33	SEROEPIDEMIOLOGY											
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	CONSULTATIONS										
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	DEPLOYMENT MEDICINE SURVEILLANCE										
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	PREVENTIVE MEDICINE COORDINATION										
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	NEEDS ASSESSMENTS										
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	ADVANCED TECHNICAL DEVELOPMENT										
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	TRAINING										
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	LIAISON										

U.S. Army Center for Health Promotion and Preventive Medicine
Products and Services Rating Form

Prono	Program Name	PRODUCTS/SERVICES	Health 1	Health 2	Preventive	Soldier	DoD Lead	Outsource	Demand	Cost	Supplemental Funding	TOTAL
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	MANAGEMENT										
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	DOCUMENT DEVELOPMENT										
40	DEPLOYMENT AND ENVIRONMENTAL MEDICINE	DOCUMENT REVIEW										

APPENDIX L

Results of Product and Service Ranking by Pilot Test

This appendix shows the ranking of selected USACHPPM products and services resulting from our test of the ranking process. We reviewed these results to ascertain that the process produced a priority list that made sense and aligned with the organization's mission focus and key strategies.

Ranking of Selected Products and Services

Program Number	Program Name	Revised Products and Services	Averaged Total
21	PERSONAL READINESS	Deployment field services	12.2
35	READINESS PLANNING	Information analysis/evaluation	12.0
31	WATER SUPPLY MANAGEMENT	Field water supply survey	12.0
46	HEALTH RISK APPRAISAL/CARDIOVASCULAR SCREENING	Field study	11.9
21	PERSONAL READINESS	Field study	11.8
51	HEARING CONSERVATION	Field study	11.8
46	HEALTH RISK APPRAISAL/CARDIOVASCULAR SCREENING	Army HRA database management	11.7
85	TOXICITY EVALUATION	Toxicological clearance	11.2
35	READINESS PLANNING	Document development review	11.0
46	HEALTH RISK APPRAISAL/CARDIOVASCULAR SCREENING	Training classes and materials	11.0
51	HEARING CONSERVATION	HEARS	10.7
59	IH MANAGEMENT	HHIM	10.7
46	HEALTH RISK APPRAISAL/CARDIOVASCULAR SCREENING	Desk-top consultation	10.6
41	HEALTH PROMOTION PROGRAM EVALUATION AND ASSESSMENT	Field study	10.6
21	PERSONAL READINESS	Training classes and materials	10.4
51	HEARING CONSERVATION	Training classes and materials	10.3
85	TOXICITY EVALUATION	Document development/review	9.9
85	TOXICITY EVALUATION	Toxicological studies	9.9
21	PERSONAL READINESS	Document development and review	9.8
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	Field study	9.8
51	HEARING CONSERVATION	Desk-top consultations	9.7
53	OHMIS	Information analysis/evaluation	9.6
87	HEALTH EFFECTS RESEARCH	Document development review	9.6
41	HEALTH PROMOTION PROGRAM EVALUATION AND ASSESSMENT	Document development/review	9.5
21	PERSONAL READINESS	Army program database management	9.4
27	INDUSTRIAL HEALTH PHYSICS	Field study	9.4
87	HEALTH EFFECTS RESEARCH	Field study	9.3
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	Document development/review	9.2
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	Document development/review	9.0
21	PERSONAL READINESS	Information sharing	8.9
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	Information sharing	8.8
55	INDUSTRIAL HYGIENE FIELD SERVICES	Field study	8.8
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	Residency program	8.8
29	INJURIES & OCCUPATIONAL ILLNESSES	Army program database management	8.8
29	INJURIES & OCCUPATIONAL ILLNESSES	Training classes/materials	8.7
29	INJURIES & OCCUPATIONAL ILLNESSES	Field study	8.7
59	IH MANAGEMENT	Field study	8.6
55	INDUSTRIAL HYGIENE FIELD SERVICES	Training classes and materials	8.5
41	HEALTH PROMOTION PROGRAM EVALUATION AND ASSESSMENT	Desk-top consultations	8.5
29	INJURIES & OCCUPATIONAL ILLNESSES	Document development/review	8.3
55	INDUSTRIAL HYGIENE FIELD SERVICES	Ergonomic study	8.2
16	PEST MANAGEMENT	Training classes and materials	8.0
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	MIDI	8.0
16	PEST MANAGEMENT	Pesticide resistance testing	8.0
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	Desk-top consultation	7.9
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	Training classes and materials	7.9
59	IH MANAGEMENT	Document development/review	7.8

Ranking of Selected Products and Services

Program Number	Program Name	Revised Products and Services	Averaged Total
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	Field study	7.8
16	PEST MANAGEMENT	Arthropod ID/analysis	7.8
16	PEST MANAGEMENT	Army program data management	7.7
16	PEST MANAGEMENT	Document production/review	7.7
27	INDUSTRIAL HEALTH PHYSICS	Document development/review	7.7
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	Desk-top consultation	7.6
59	IH MANAGEMENT	Training classes and materials	7.6
53	OHMIS	Army program database management	7.5
31	WATER SUPPLY MANAGEMENT	Document development/review	7.5
55	INDUSTRIAL HYGIENE FIELD SERVICES	Desk-top consultations	7.3
31	WATER SUPPLY MANAGEMENT	Field Study	7.2
29	INJURIES & OCCUPATIONAL ILLNESSES	Desk-top consultation	7.1
59	IH MANAGEMENT	HMIS	7.0
55	INDUSTRIAL HYGIENE FIELD SERVICES	Document development/review	6.8
53	OHMIS	Training classes and materials	6.8
16	PEST MANAGEMENT	Field study	6.7
59	IH MANAGEMENT	Desk-top consultation	6.5
72	LABORATORY OPERATIONS IMPROVEMENT	Cholinesterase program	6.5
46	HEALTH RISK APPRAISAL/CARDIOVASCULAR SCREENING	HRA software development/mgmt	6.3
59	IH MANAGEMENT	IH Career Program management	6.0
77	ANALYTICAL CHEMISTRY	Sample analysis	5.8
27	INDUSTRIAL HEALTH PHYSICS	Desk-top consultations	5.7
77	ANALYTICAL CHEMISTRY	Document development/review	5.7
55	INDUSTRIAL HYGIENE FIELD SERVICES	Equipment calibration/support	5.4
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	Method development	5.4
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	Sample analysis	5.2
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	Document development/review	5.2
16	PEST MANAGEMENT	Desk-top consultation	5.1
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	Desk-top consultations	5.0
77	ANALYTICAL CHEMISTRY	Desk-top consultation	4.9
16	PEST MANAGEMENT	Pesticide treated papers	4.7

APPENDIX M

Initial Reallocation Methodology Results

This appendix shows the hypothetical ranking of selected USACHPPM products and services resulting from our test of the reallocation methodology. We reviewed these results to ascertain that the process produced a priority list that made sense and aligned with the organization's mission focus and key strategies. The results of three methods are presented. (The higher the rank order for a product or service, the greater its priority for receiving resources.) The priority lists presented are based on the percentage of total program effort for the product or service, the program and product scores, and the ordinal ranking of a product or service respectively. The results cannot be used by themselves. Factors that need to be considered include organizational strategy and mission focus, resource constraints (both fiscal and manpower), minimum viable program requirements, current and future tables of distribution and allowance (TDAs), current trends, desired end state, limitations of each number, the best number for the end state, viable program numbers, a plan to manage required shifts in resources, decision rules, program metrics; and reexamining the process periodically through review and analyses.

Hypothetical Ranking of Selected Products and Services for Reallocation

Program Number	Program Name	Program Rank Score	Revised Products and Services	Product/Service Rank Score	% Level of Effort to Prod/Serv	Weighted Value (Prog Rank x % effort)	Rank Order for Cut Consideration based on % level of effort
35	READINESS PLANNING	14.0	Information analysis/evaluation	12.0	0.8	11	78
35	READINESS PLANNING	14.0	Document development review	11.0	0.2	2.8	58
21	PERSONAL READINESS	13.7	Deployment field services	12.2	0.25	3.4	63
21	PERSONAL READINESS	13.7	Field study	11.8	0.25	3.4	62
21	PERSONAL READINESS	13.7	Training classes and materials	10.4	0.18	2.5	52
21	PERSONAL READINESS	13.7	Document development and review	9.8	0.12	1.6	36
21	PERSONAL READINESS	13.7	Army program database management	9.4	0.11	1.5	32
21	PERSONAL READINESS	13.7	Information sharing	8.9	0.09	1.2	26
41	HEALTH PROMOTION PROGRAM EVALUATION AND ASSESSMENT	12.0	Field study	10.6	0.5	6	74
41	HEALTH PROMOTION PROGRAM EVALUATION AND ASSESSMENT	12.0	Document development/review	9.5	0.4	4.8	69
41	HEALTH PROMOTION PROGRAM EVALUATION AND ASSESSMENT	12.0	Desk-top consultations	8.5	0.1	1.2	25
53	OHMIS	10.9	Army program database management	7.5	0.55	6	73
53	OHMIS	10.9	Information analysis/evaluation	9.6	0.3	3.3	61
53	OHMIS	10.9	Training classes and materials	6.8	0.15	1.6	35
46	HEALTH RISK APPRAISAL/CARDIOVASCULAR	10.8	Training classes and materials	11.0	0.3	3.2	60
46	HEALTH RISK APPRAISAL/CARDIOVASCULAR	10.8	Army HRA database management	11.7	0.25	2.7	56
46	HEALTH RISK APPRAISAL/CARDIOVASCULAR	10.8	HRA software development/mgmt	6.3	0.25	2.7	55
46	HEALTH RISK APPRAISAL/CARDIOVASCULAR	10.8	Field study	11.9	0.1	1.1	22
46	HEALTH RISK APPRAISAL/CARDIOVASCULAR	10.8	Desk-top consultation	10.6	0.1	1.1	21
29	INJURIES & OCCUPATIONAL ILLNESSES	10.4	Army program database management	8.8	0.38	4	65
29	INJURIES & OCCUPATIONAL ILLNESSES	10.4	Training classes/materials	8.7	0.2	2.1	50
29	INJURIES & OCCUPATIONAL ILLNESSES	10.4	Document development/review	8.3	0.2	2.1	49
29	INJURIES & OCCUPATIONAL ILLNESSES	10.4	Desk-top consultation	7.1	0.2	2.1	48
29	INJURIES & OCCUPATIONAL ILLNESSES	10.4	Field study	8.7	0.02	0.2	1
27	INDUSTRIAL HEALTH PHYSICS	10.0	Field study	9.4	0.69	6.9	77
51	HEARING CONSERVATION	10.0	HEARS	10.7	0.65	6.5	76
87	HEALTH EFFECTS RESEARCH	10.0	Document development review	9.6	0.5	5	71
87	HEALTH EFFECTS RESEARCH	10.0	Field study	9.3	0.5	5	70
51	HEARING CONSERVATION	10.0	Training classes and materials	10.3	0.25	2.5	53
27	INDUSTRIAL HEALTH PHYSICS	10.0	Document development/review	7.7	0.15	1.5	31
27	INDUSTRIAL HEALTH PHYSICS	10.0	Desk-top consultations	5.7	0.14	1.4	30
51	HEARING CONSERVATION	10.0	Field study	11.8	0.1	1	20
51	HEARING CONSERVATION	10.0	Desk-top consultations	9.7	0.1	1	19
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	9.4	Residency program	8.8	0.6	5.6	72
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	9.4	Document development/review	9.2	0.1	0.9	18

Hypothetical Ranking of Selected Products and Services for Reallocation

Program Number	Program Name	Program Rank Score	Revised Products and Services	Product/Service Rank Score	% Level of Effort to Prod/Serv	Weighted Value (Prog Rank x % effort)	Rank Order for Cut Consideration based on % level of effort
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	9.4	Training classes and materials	7.9	0.1	0.9	17
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	9.4	Field study	7.8	0.05	0.5	9
64	OCCUPATIONAL & ENVIRONMENTAL MEDICINE	9.4	Desk-top consultation	7.6	0.05	0.5	8
85	TOXICITY EVALUATION	9.2	Toxicological clearance	11.2	0.5	4.6	68
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	9.2	Field study	9.8	0.5	4.6	67
85	TOXICITY EVALUATION	9.2	Document development/review	9.9	0.3	2.8	57
55	INDUSTRIAL HYGIENE FIELD SERVICES	9.2	Document development/review	6.8	0.25	2.3	51
85	TOXICITY EVALUATION	9.2	Toxicological studies	9.9	0.2	1.8	45
55	INDUSTRIAL HYGIENE FIELD SERVICES	9.2	Training classes and materials	8.5	0.2	1.8	44
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	9.2	MIDI	8.0	0.2	1.8	43
55	INDUSTRIAL HYGIENE FIELD SERVICES	9.2	Desk-top consultations	7.3	0.2	1.8	42
55	INDUSTRIAL HYGIENE FIELD SERVICES	9.2	Equipment calibration/support	5.4	0.2	1.8	41
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	9.2	Information sharing	8.8	0.15	1.4	28
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	9.2	Document development/review	9.0	0.1	0.9	16
55	INDUSTRIAL HYGIENE FIELD SERVICES	9.2	Field study	8.8	0.1	0.9	15
55	INDUSTRIAL HYGIENE FIELD SERVICES	9.2	Ergonomic study	8.2	0.05	0.5	7
37	HAZARDOUS AND MEDICAL WASTE MANAGEMENT	9.2	Desk-top consultation	7.9	0.05	0.5	6
31	WATER SUPPLY MANAGEMENT	8.7	Field water supply survey	12.0	0.5	4.4	66
31	WATER SUPPLY MANAGEMENT	8.7	Document development/review	7.5	0.3	2.6	54
31	WATER SUPPLY MANAGEMENT	8.7	Field Study	7.2	0.2	1.7	39
16	PEST MANAGEMENT	8.5	Army program data management	7.7	0.21	1.8	40
16	PEST MANAGEMENT	8.5	Training classes and materials	8.0	0.2	1.7	37
16	PEST MANAGEMENT	8.5	Pesticide resistance testing	8.0	0.16	1.4	27
16	PEST MANAGEMENT	8.5	Arthropod ID/analysis	7.8	0.14	1.2	23
16	PEST MANAGEMENT	8.5	Pesticide treated papers	4.7	0.1	0.9	14
16	PEST MANAGEMENT	8.5	Field study	6.7	0.09	0.8	12
16	PEST MANAGEMENT	8.5	Document production/review	7.7	0.05	0.4	5
16	PEST MANAGEMENT	8.5	Desk-top consultation	5.1	0.05	0.4	4
59	IH MANAGEMENT	8.0	Training classes and materials	7.6	0.25	2	46
59	IH MANAGEMENT	8.0	HHIM	10.7	0.2	1.6	34
59	IH MANAGEMENT	8.0	Desk-top consultation	6.5	0.2	1.6	33
59	IH MANAGEMENT	8.0	IH Career Program management	6.0	0.15	1.2	24
59	IH MANAGEMENT	8.0	HMIS	7.0	0.1	0.8	13
59	IH MANAGEMENT	8.0	Field study	8.6	0.05	0.4	3
59	IH MANAGEMENT	8.0	Document development/review	7.8	0.05	0.4	2

Hypothetical Ranking of Selected Products and Services for Reallocation

Program Number	Program Name	Program Rank Score	Revised Products and Services	Product/Service Rank Score	% Level of Effort to Prod/Serv	Weighted Value (Prog Rank x % effort)	Rank Order for Cut Consideration based on % level of effort
77	ANALYTICAL CHEMISTRY	6.9	Sample analysis	5.8	0.5	3.5	64
77	ANALYTICAL CHEMISTRY	6.9	Document development/review	5.7	0.3	2.1	47
77	ANALYTICAL CHEMISTRY	6.9	Desk-top consultation	4.9	0.2	1.4	29
72	LABORATORY OPERATIONS IMPROVEMENT	6.1	Cholinesterase program	6.5	1	6.1	75
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	5.8	Method development	5.4	0.5	2.9	59
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	5.8	Sample analysis	5.2	0.3	1.7	38
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	5.8	Document development/review	5.2	0.1	0.6	11
82	MILITARY UNIQUE AND SPECIAL CHEMISTRY	5.8	Desk-top consultations	5.0	0.1	0.6	10

REPORT DOCUMENTATION PAGE

Form Approved
OPM No.0704-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources gathering, and maintaining the data needed, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

1. AGENCY USE ONLY *(Leave Blank)*	2. REPORT DATE	3. REPORT TYPE AND DATES COVERED
	Jan 96	Final

4. TITLE AND SUBTITLE

Resource Reallocation Methodology for the U.S. Army Center for Health Promotion and Preventive Medicine

5. FUNDING NUMBERS

DASW01-95-C-0019

PE 0902198D

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LMI- AR516MR1

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11. SUPPLEMENTARY NOTES

12a. DISTRIBUTION/AVAILABILITY STATEMENT

A: Approved for public release; distribution unlimited

12b. DISTRIBUTION CODE

13. ABSTRACT ***(Maximum 200 words)***

This report provides the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) with tools that can be used to reallocate resources to support new and reprioritized missions.

The USACHPPM provides health promotion and preventive medicine products and services to DoD organizations world wide. They deliver over 500 individual products and services in 49 programs areas. The USACHPPM must reallocate resources within the organization to meet the new and reprioritized mission requirements. The tools selected to accomplish the reallocation must be reliable and objective; integrate the revised strategy and mission focus principles into the process; and provide a rational and defensible reallocations process.

The Logistics Management Institute has developed five tools to assist the USACHPPM is accomplishing their reallocation. They are: 1) criteria that support the organizational strategy and mission focus; 2) a weighting procedure to determine which criteria are the most important; 3) a procedure to rank and prioritize programs by applying the weighted criteria; 4) a procedure to identify products and services for reallocation, taking into account the program ranking score and the results of the program manager's ranking of his program's products and services and a mathematical model to be used for resource allocation and reallocation.

We recommend: 1) the USACHPPM use the tools for resource allocation and reallocation; and 2) revise and standardize the products and services to highlight core and special capabilities.

14. SUBJECT TERMS

Preventive Medicine
Resource Allocation
Health Promotion

15. NUMBER OF PAGES

142

16. PRICE CODE

17. SECURITY CLASSIFICATION OF REPORT	18. SECURITY CLASSIFICATION OF THIS PAGE	19. SECURITY CLASSIFICATION OF ABSTRACT	20. LIMITATION OF ABSTRACT
Unclassified	Unclassified	Unclassified	UL